

CHEMIST & DRUGGIST

The newsweekly for pharmacy

October 29, 1994



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alarming
is happening
in Scotland*

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Pharmacia

Drugs team role for pharmacists?

COMA gives thumbs up to infant formulae

Drink charges bring down two

Eye care: a C&D seminar

IPMI discusses POM to P moves

YPG fails to secure Roberts' apology

Decriminalise cannabis, says Scottish MP

80 jobs to go at SB before Christmas

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we found out why!"**

Taylor Nelson Surveys

UniChem


Delivering Healthcare

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Editor: John Skelton, MRPharmS
Deputy Editor: Patrick Grice, MRPharmS
Assistant Editor/Beauty Editor: Liz Jones, BA
Contributing Editor: Adrienne de Mont, MRPharmS
News Editor: Ailsa Colquhoun, BSc
Business Editor: Anna Evangelis, BSc
Technical Editor: Maria Murray, MRPharmS
Reporters: Marianne Mac Donald, MRPharmS
Fawz Farhan, MRPharmS
Art Editor: Tony Lamb

Price List Controller: Colin Simpson

ADVERTISING

Advertisement Manager:
Ian Gerrard
Deputy Advertisement Manager:
Julian de Bruxelles
Production: Doug Mytton, Martin Smith
Advertisement Director: Frances Shortland

PUBLISHER
Ron Salmon, FRPharmS

PUBLISHING DIRECTOR
Felim O'Brien

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Comment

The mention of non-contract pharmacies is guaranteed to raise the temperature in any debate on pharmaceutical services. What many pharmacists object to is not the presence of such outlets *per se*, but their use as satellite dispensing outlets. Independent pharmacists in England and Wales find it incomprehensible that their own Society should consider such a practice acceptable, and are frustrated by the Department of Health's refusal to make the minor change to the regulations that would put them on the same footing as Scotland, where the faxing of prescriptions was banned before it became widespread.

But how widespread is the practice? Getting accurate information is difficult. Boots and Tesco are widely perceived as the greatest offenders. While Tesco has 33 non-contract pharmacies, only four are trialling satellite dispensing. Boots recognises the political sensitivity of the issue: the company flatly refuses to say how many of the 240 new pharmacies it intends to open are trading, and how many are non-contract, but the presumption must be that the majority act as satellite dispensing sites. Anything between 10 and 20 per cent of independents might claim to be affected by satellite dispensing, but again the information is not readily available.

The shame of it all is that the Department (and to a significant degree the RPSGB) has failed to act to prevent yet another internal division within the profession from becoming a running sore. One of the reasons given for inaction is that the DoH is reviewing the control of entry regulations. It has been doing so with its usual speed and precision. Under Secretary Melvyn Jeremiah told the Rural Pharmacists Association last November that the Department hoped to bring forward proposals for consultation in the New Year. Which New Year had he in mind? With the internal upheavals in the civil service delaying matters even further, one hesitates to ask!

The PSNC is seeking a meeting with the new Health Minister. In a rare display of unanimity the Committee voted recently by 20-1 to press for the strongest possible action on dispensing through non-contract pharmacies. PSNC has also belatedly sought information from LPCs on non-contract outlets on their patch. LPCs need to make a speedy response to give the Committee the information it needs to provide information for its lobby. In the meantime, community pharmacists might ponder just how committed to the controlled distribution of NHS pharmaceutical services the Department really is.

Pharmacy role in new drug abuse policy?

Pharmacists could play an important role in implementing the Government's proposed new policy on drug misuse, announced last week.

The Green Paper consultation document — Tackling drugs together — calls for the formation of over 100 drug action teams to provide "a local framework which allows local decision making for each area," says Tony Newton, Lord President of the Council and Leader of the House of Commons.

The Government is prepared to spend £8.5 million over the next three years in supporting this scheme, with team members to include teachers and doctors.

Liverpool pharmacist Jeremy Clitheroe brought pharmacists' contributions in substance abuse to the attention of Mr Newton's representative Sue Street, at an National Pharmaceutical Association-organised conference last week (see p715).

He pointed out that pharmacists who run needle exchange schemes are the "primary contact point" for many drug users who have no contact with other healthcare professionals.

Ms Street acknowledged that Mr Clitheroe had made a "very important" point, and referred to another proposal in the Paper which will affect pharmacists: plans to provide easy access to cost effective and appropriate treatment for drug misuse.

"The Health Secretary, Virginia Bottomley, will be paying particular heed at drug treatment targeting experimental users," confirmed Mr Newton.

The other main feature of the document is its emphasis on educating schoolchildren. A national 24-hour helpline will be launched and teachers will receive special training in drug abuse. The success of this education scheme will be assessed by school inspectors.

The Green Paper will also introduce tough controls on drugs in prisons and make targeting drug-related crime a key police objective.

Comments on the Green Paper should be returned by January 20

to: Central Drugs Co-ordination Unit, Room 67D/4 Government Offices, Great George Street, London SW1P 3AL.

- Similar measures are outlined in the Scottish Office's Drug Task Force report: education targeted at under tens and teenagers, regional drug action teams and improved care for misusers.

The report endorses the value of substitute prescribing. According to Scottish MP, and chairman of the Scottish Affairs Comm-

ittee, William McKelvie: "The main thrust of the report is that methadone prescribing has to be extended and there must be more sources of methadone".

- White young people aged 13 to 19 years are more likely to have used drugs than teenagers from ethnic minorities, according to research from the Drugs Advisory Service, Haringey and the AIDS research unit of East London University, reports the *Health Service Journal*.

HFMA dismisses EU threat to herbal medicines

The Health Food Manufacturers Association is calming fears that a EC medicines directive coming into force on January 1, will ban the sale of unlicensed herbal medicines.

Government lawyers have confirmed that, under the directive, any product exercising a physiological action on the body will be classed as a medicine and, therefore, liable for a product licence.

However, HFMA president Maurice Hanssen says next year will not see the end of herbal medicines — a viewpoint echoed by Under-Secretary for Health Tom Sackville in an interview with Radio Four. He confirmed that the blanket removal of unlicensed medicinal products on January 1 will not happen.

In fact, says Mr Hanssen, the arrival of the European Medicines Evaluation Agency in the UK could facilitate the introduction of 'Euro-licences', valid throughout the EU, and under which products licensed in another member state would automatically be licensed here.

With the estimated cost to gain a new herbal product a licence put at £84,000, the directive's conditions would render unviable four in five herbal medicine manufacturers, says Mr Hanssen, noting that many unlicensed herbal medicine businesses turn over just £5-6m.

He adds that the MCA asks

questions from a non-herbal perspective. France and Germany have a more flexible approach.

Mr Hanssen foresees a system whereby a compromise is reached, enforcing on manufacturers a limited list of sensible claims, safety and quality demands and a notification system through which products causing an adverse reaction in some consumer groups can be recalled.

- Consumer interest in herbal remedies — even those without a licence — has resulted in 9 per cent increase in the value of herbal remedies in the UK, a new international report has found.

Nicholas Hall notes that herbal remedies were worth £17.5m at the end of 1993, a performance fired by Boots and Tesco. The Overview of the International Natural Remedies Market costs £750. tel: 0702 433422.

Time is money on Essex home scheme

A flexible payment system has been set up for pharmacists participating in the Canvey Island domiciliary scheme to better reflect the length of time needed for a call.

The scheme, which was due to finish in September (C&D August 27 p300) but which will continue thanks to residual funding, will now see a restructured payment system. Participants now receive £50 for the first visit of the month and £15 for the second and third, with the rate returning to £50 for any fourth visit. For the very first call on a new patient an extra £25 is paid.

However, pharmacists will be disqualified from payment if the necessary paperwork is not completed within a month.

The length of the trial has not yet been finalised but Essex Local Pharmaceutical Committee secretary John Stanley reveals that the trial has funding for the foreseeable future.

"How long it continues now depends on the needs of those being visited, most of whom are very elderly," he says.

Initial soundings from health professionals and patients indicates the trial has been successful.

- The Strategy for Health and Health Care in North Essex 1994-2000 is to place greater emphasis on community care. The ten point plan includes a focus on primary care, liaison among the primary health care teams, the shift in care emphasis from hospitals to the community and effective community care.



The educational seminar on eye care, co-sponsored by Allergan and *Chemist & Druggist*, was attended by 140 pharmacists and assistants. Pictured left to right are: C&D Editor John Skelton, Dr Janet Vale, lecturer at the University of Manchester, Allergan marketing manager Andrew Tasker and Caroline Christie, senior optometrist, Moorfields Eye Hospital. Topics under discussion included contact lens care cleansing regimens, pharmacy's role in eye care and trends in the market. See p705 for details

New YPG executive

Nicola Gray, ex-British Pharmaceutical Students Association president, has been elected as the YPG's new chairman. She takes over from Andrew Burr.

Joel Hirst, another ex-BPSA president, is the new vice-chairman while last year's BPSA president, Gianpiero Celino, is public relations officer.

Sharon Hart replaces Lynne Brown as secretary, while Helen Boardman, Richard Eyles and Gary Brown retain positions as membership secretary, treasurer and social secretary, respectively.

Simon Gaines (Pennines) and Sangeeta Prasad (Scotland and the North) retain their regional officer roles.

Dispensing doctor poll backs dispensing doctors

The majority of a representative sample of the British population would prefer to get medicines from the doctor, an NOP survey commissioned by a dispensing doctor has found.

The poll, conducted on behalf of Dr Steven Ford and published in this month's *Dispensing Doctors' Association Journal*, asked "a representative sample of 2,000 consumers" where, given the choice, would they prefer to get their medicines from.

The survey found that GP dispensing was preferred by 52 per cent of the sample, compared with 40 per cent who favoured the pharmacy.

Dispensing doctors are most popular in rural areas (56 per cent) and least liked in non-metropolitan counties urban and mixed urban/rural regions (50 per cent), the survey suggests.

Pharmacy was the least preferred option in rural areas (36 per cent) and the most popular dispensing option in mixed urban/rural regions (44 per cent).

More women than men would choose GP dispensing (55 per cent compared to 50 per cent), while men rather than women prefer pharmacy dispensing (43

per cent versus 38 per cent).

The results, says Dr Ford, demand urgent political lobby. "By my calculations, there are 24 million people — voters — in the UK, whose preference is being scorned by their being denied surgery dispensing," he says.

"In 15 years of working in

dispensing general practice, I cannot recall a single patient electing to use a pharmacy in preference to the practice dispensary.

"Nor has any new patient, who qualified, chosen not to register as a dispensing patient after the separate form was introduced,"

he says.

"Some 6 per cent of the UK population are dispensing patients. How many more would wish to be? On the basis of my own experience, it would appear that the figure for those wishing to be dispensing patients is 100 per cent," he says.

Yes to milks but no to drinks, says COMA

A Government report on baby diets recommends the use of vitamin supplements, infant formula and follow-on milks, but says consumption of other baby drinks should be strictly limited.

The Committee on Medical Aspects of Food Policy (COMA) report on Weaning and the Weaning Diet comes down strongly in favour of breastmilk as the "best nourishment" for young babies but infant formulae and follow-on milks can be used as an alternative for infants not being breastfed.

It adds: "Continued use of

iron-enriched infant formula or a follow-on milk should also be considered after the first year if there are concerns about the adequacy of iron in the diet," it states.

Cows' milk should only be given to infants over the age of one.

On vitamins, COMA reports that breastfed infants under six months should not need supplements as long as the mother has "an adequate vitamin status" during pregnancy. After six months, however, the report says that those still receiving breast

milk as their main drink should be given vitamins A and D.

Babies drinking more than 500ml of manufactured milk per day are also said not to need extra vitamins, but should receive vitamins A and D supplementation if consuming less. These two vitamins are also recommended for all children aged between one and five.

The report additionally urges parents weaning infants on a vegetarian or other animal protein restricted diets to ensure sufficient Vitamin C and also to consider energy supplements.

In the chapter on dental health, COMA says that there should be more baby foods free of non-milk extrinsic sugars, including those derived from fruit. It also says that the sugar content of all weaning foods should be shown on labels.

In its strongest statement on this subject, the report maintains that non-milk baby drinks are "not needed" and their use as a bottle feed "should be strongly discouraged. If given, they should be used sparingly and then only at meal times," it states.

Responding to the report, Colman's of Norwich, which manufactures the Robinsons drinks range, says it agrees with most of the findings and already complies with the report's recommendations.

"We share the view that baby fruit drinks should be taken with meals and not after children have cleaned their teeth," says a spokesman. "We also clearly label our products to say they should not be used as bottle feed or on dummies."

He also said that Colman's is working to develop reduced sugar products. "But obviously, we have to produce things that children like," he said.

A spokesman for another manufacturer described the report statement that baby drinks were not needed as "pointless".

"We've never said they are vital nutritionally, but they are useful for their vitamin content and for adding interest, variety and enjoyment to children's meals," he says.

'Hit the road', pharmacists are told

Trusts need to "champion their own cause" by getting together with pharmacists in mobile health road shows.

An article by image specialist Euromark states that bringing in-house services, such as pathology, into the public arena, can raise a Trust's profile and maintain its reputation in what is becoming an increasingly competitive market. "Trusts need to gain the confidence of the man

and the woman in the street before they become a patient", says the article.

One way of doing this would be to hold a holiday health road show, preferably working with a high street pharmacist. The team could set up a mobile display from which leaflets and informal advice could be provided.

"With the growth of self-medication, pharmacists are already beginning to reposition

themselves, desiring a shift from being seen simply as a dispenser of drugs to one more actively involved in a consultative role.

"Being seen to participate in concert with an NHS service could reinforce such a strategy.

"The chemist is seen to be interested in more than an over the counter transaction orientated relationship [while] the Trust is seen to be active in the community", it says.



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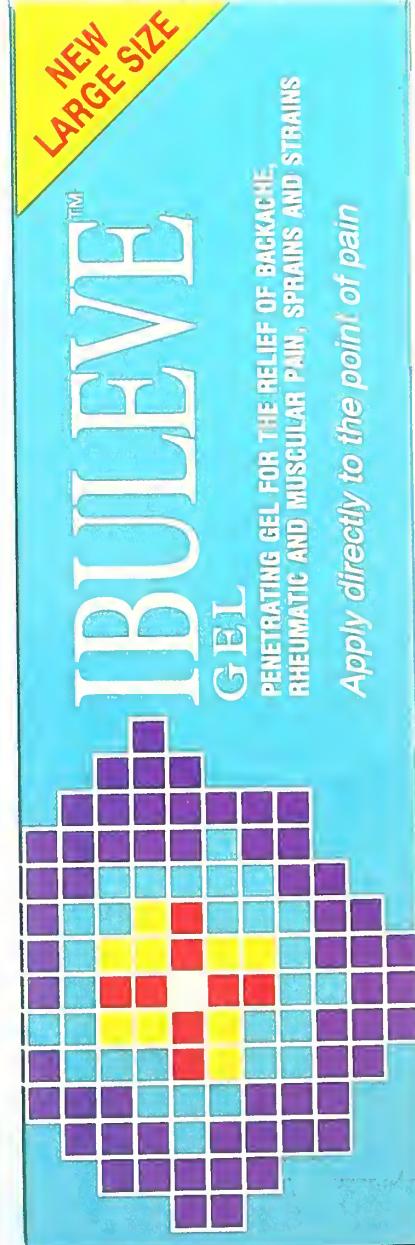
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Society makes progress with BRM motions

The Royal Pharmaceutical Society has issued an interim report on Council's deliberations of the resolutions passed at May's Branch Representatives' Meeting. "Council should take action to maintain number of preregistration places."

The Council sympathised with the resolution but ultimately the Society is unable to control the number of preregistration places. The Council is to reconsider a proposal for a joint community-hospital joint preregistration training year.

"The Society should review its guidelines to allow returned, in-date and appropriately packaged medicines to be re-used either here or, through approved agencies, abroad."

Revised guidance and an information pack was approved by Council in April. Council has also reviewed and confirmed its guidance on the re-use of medicines in this country as set out in the Code of Ethics.

"That 7.3(d) of the Obligations in the Code of Ethics be changed to:-

(d) not offer any inducement by way of discount, gift, reward, rebate or participation in a competition in relation to professional services, or by way of providing at less than cost price, any equipment relating to the supply of a monitored dosage system other than the immediate packaging for that system."

The Council recognised that provision of MDS equipment

constitutes an inducement, but says the benefits to patients could outweigh the objections.

"In the light of recent and possible future changes in pharmacy practice, the role of the inspector should be more advisory."

The Society continues to develop the advisory and supportive role of the inspectorate. While accepting that demands for advice from inspectors are increasing, the Council believes that their vital enforcement duties should not be undervalued. "The provision of full pharmaceutical services in the community by all community pharmacists is jeopardised by the latest imposed remuneration package by the Department of Health."

The Society campaigned with other pharmacy bodies against the imposition of the original prescription threshold (which as a result was lowered). A detailed study has been made of the issues related to access to community pharmaceutical services.

"All products containing paracetamol and/or aspirin, however small the pack, should be reclassified from 'GSL' to 'P'."

This resolution represents existing Council policy. The Society takes all possible steps to ensure that it is reinforced with government, and has recently written to the Department of Health to confirm its policy on aspirin products.

"The Council should give guidance to community pharmacists on the extent of supervision they should exert when a prescriber instructs that addicts should take drugs on the pharmacist's premises."

Council has started looking at possible guidelines, and will be seeking information on the supervision of methadone consumption on pharmacy premises from others with suitable experience in this field.

"Council's decision to refuse the request of the branch secretaries' meeting to allow use of the branch grant to pay fees to speakers addressing branch meetings was wrong and that the matter should be reconsidered in the light of the needs of the membership."

Council now allows branches to use their grant to pay fees to speakers addressing meetings.

"The Society's financial support for branch delegates to the BPC should meet the full cost of registration, travel, accommodation and attendance, excluding social events."

The Council supported the spirit of the resolution and has agreed that some form of subsidy should be provided to Branch delegates attending the BPC. However, due to the financial implications of the resolution, the Council has decided that the original subsidy supplied to Branch delegates (the registration fee, travel and a subsistence payment of £15) should be reintroduced this year. "The Council should give advice on handling of drug interactions."

Council is currently considering protocols for pharmacists on the handling of drug interactions.

"Pharmacists should be permitted to review and dispense monthly or more frequent supplies of medicines within prescriptions for patients on long term therapies."

A protocol for a repeat dispensing system within the NHS has been submitted to the Department of Health. This includes a review at the time a repeat supply is dispensed. This resolution is being considered by the Society's Practice Committee.

"The regulations for preregistration training should be changed so that where there is more than one preregistration graduate per site clear training protocols are required to be in place."

This matter has been referred to the Society's preregistration training subcommittee which will consider a review of the preregistration training Byelaws and Notes for Guidance.

"Extra funding should be made available to entitle preregistration trainees to participate in national continuing education courses."

The Committee on Pharmacy Postgraduate Education has been asked whether participation by trainees in CPPE continuing education courses can be made easier. A response is awaited.

"The Council should undertake an annual self-audit of its activities, and those of its officers and departments at Lambeth, and publish the criteria by which the audit is measured, the outcome, and any action deemed necessary to improve standards and performance."

Council believes that the spirit of the resolution is satisfied by the content of the Annual Report and the preparation of one and five year plans for each department. However, the Council also feels that the branches should receive as much information as possible on the Society's activities and has agreed that the one year plans, together with activity reports, of each department should be available to the members.

"The Council should consider the risk that easily accessible dispensaries and private consultation areas place on pharmacy personnel, in addition to the increased risk of theft from premises."

The Council sympathises with the thrust of this resolution but feels that open dispensaries and open but quiet consultation areas help to reduce the risk to which pharmacists are exposed.

"An annual introductory seminar to the preregistration year for both pre-registration trainees and their tutors should be provided by the Society."

The Council agrees that joint meetings of trainee and tutor would be beneficial early in the preregistration year, and has therefore decided to explore ways of achieving this.

Research Award

Entries are now being invited for the 1994 South East Pharmaceutical Industry Group/Sussex Pharmacy Academic Practice Unit Practice Research Award. The £750 award is open to any pharmacist in the South Thames Health region. Contact Dr Chris Clarke, SPAPU. Tel: 0273 453651.

Pharmaid week

Pharmaid week has been rescheduled for January 9-13, 1995. Copies of the 26th and 27th editions of the BNF (red and green covers) will be collected by AAH Pharmaceutical's van service.

Welsh shared care

Up to £6,000 in funding is available for Welsh pharmacists submitting ideas for, or implementing, local projects to examine the problems former or future hospital patients have with their medicines and medical/surgical devices. A national facilitator has also been appointed.

CPP/LJMU joint MSc

The College of Pharmacy Practice and the Liverpool John Moores University are offering a joint MSc programme leading to a MSc in clinical pharmacy. Further details are available from the CPP. Tel: 0203 692400.

Devon relations

Devon FHSA is employing 17 community pharmacist advisers until April to promote cost effective prescribing by GPs. Generic prescribing could save the county £3 million, says a spokesman, noting that there was a drugs budget overspend last year.

Blacklist confusion

PSNC is acting to clear up confusion over scripts written generically for proprietary medicines on the Selected List. Blacklisted items whose generic name is a BAN (British Approved Name) or is listed in an official monograph (BP, BPC) may be prescribed generically provided the generic name is also blacklisted. Altacite Plus tablets are blacklisted but may be prescribed as co-simalcicte 250/500. There is no monograph for ferrous sulphate capsules so Fefol and Feospan cannot be prescribed generically. If you are still confused contact the National Prescription Research Centre on 081 882 3888.

NAHAT warning

The essential features of the NHS would be undermined to the detriment of patients if local authorities were to take over the health purchasing function, NAHAT has warned. "Local authority purchasing of health is seriously flawed. It is based on an outdated version of the health service."

Swansea contract fight rages on

The struggle between two Swansea pharmacists to set up an NHS business in a new medical centre has taken another twist.

In the latest development of the 20-month dispute (*C&D* September 24, p475), Kieft Chemists had been given the go ahead for a major relocation to the M O'Kane & Partners medical centre. Last Friday, however, rivals Howard & Palmer made a last-minute appeal to West Glamorgan FHSA, putting in another application for its own minor relocation to the site.

Kieft has since appealed against the move and now says it is aiming to take up the lease on the medical centre premises while the conflicting relocation appeals are being heard.

"Patients are now being inconvenienced by this situation and we want a speedy resolution," says Kieft owner Henry Barnes. "By taking up the lease on the premises we're aiming to prove to the FHSA what we've said all along, that we are the doctors' favoured tenant."



Who is to pay for the habit?

At last the Government appears to be moving away from a confrontational approach to tackling drug addiction and has recognised that education of the young is the way forward. At the same time, the use of methadone substitute programmes is to be evaluated with a view to expanding alternative treatments.

Methadone mixture is unpleasant stuff and I can understand that to some addicts it is a poor substitute. But equally I can see few alternatives other than re-introducing the concept of providing the addict's preference, in pharmaceutically pure form, through a tightly-controlled programme of supply from community pharmacies, similar to that which exists for methadone.

I presently supply to a number of addicts from our local drug dependency unit and experience few of the 'problems' so often talked about. I also supply syringes to many others who I know are not receiving any drug dependency help and who are unwilling to participate in the present system.

If the climate changed so that these individuals are no longer treated like pariahs but are provided, through me, with the drugs they require, then I

anticipate a substantial increase in their numbers.

I would be pleased to co-operate in any new scheme, but I am concerned that this expansion will once again be expected for free. For every pink form dispensed I receive the appropriate fee. This is part of the global sum, and if the system were further expanded then substantial distortion in the distribution of that sum would occur.

In any new scheme the supply of drugs to addicts must be treated as a non-core service and new monies provided. Contractors should not be compelled to deal with addicts, but equally should not be penalised for declining. A Government initiative to expand the rehabilitation programme for addicts is to be welcomed, but if it continues to be funded from core services, then pharmacists will once again be providing extra for no more pay.

Knickers in a twist

Ginseng scare stories were making the rounds last week, with many of my customers convinced that from next January another Brussels bureaucrat is trying to ban their favourite pick-me-up. This particular panic was the result of media hype over a reminder from the Medicines Control Agency that January 1, 1995 is the date under European Union regulations by which all herbal products should have licences similar to those for pharmaceuticals.

On the face of it a reasonable proposal, but one that has really got herbal knickers in a twist! Herbs are not laboratory manufactured medicines with money-spinning patents to protect their profitability. They are freely available on the open market and there is no way that any one company can recoup the expenditure necessary to obtain a licence.

It is rumoured that in Germany and Holland, where herbal remedies are particularly well-used, the

authorities will ignore the directive. In Great Britain we do things by the book and if the law is implemented, not only will I lose by being unable to sell ginseng, but many herbal practitioners could be put out of business. I do not expect that January will arrive with such draconian results, but the situation cannot be allowed to rest by default.

Herbalism is an accepted and beneficial alternative therapy and should be encouraged as complementary to conventional treatments. All medicines, however, including the alternatives, must eventually be regulated in order to protect the public. Since it is unrealistic to expect the industry to pay for these changes, then a different approach must be adopted.

I suggest that Brussels establishes a central register of herbal preparations which may be used in any member country of the EU. The costs of setting up this register should be paid by the EU and a reasonable fee then charged for its use by industry.

Tried and trusted

The National Pharmaceutical Association has produced another range of excellent reproduction Victorian drug rounds for pharmacists to collect and display. From my experience of previous offers they make a suitably professional addition to any shop decor, and stimulate interest from customers.

I find that children are particularly interested in learning about the past. I often make time during even the most busy periods to explain the original use of the mortars, carboys and pill machines in my display, and to translate the Latin names on bottles for their inquisitive ears.

Familiarity with the modern aspects of our profession often leads us to dismiss the past as having nothing but curiosity value, but these children listen in fascination to my stories. They are pleased to learn that pharmacy has a long and independent history and I know they leave the shop with a much greater respect for the profession than they would obtain from experiencing the impersonal efficiency of many more modern pharmacies.

Pharmacy hit from all sides

Community pharmacists are under pressure from all sides — NHS income is being held back by the Government, while OTC sales are threatened by grocers, drugstores and in-store pharmacies.

A new report on pharmacy, 'Verdict on Chemists & Drugstores', concludes that NHS costs are rising inexorably, due to a 4.8 per cent rise in the number of prescriptions and a 5.5 per cent rise in the net ingredient cost.

Both factors look set to continue this rate of increase and, given Government policy to contain costs, "growth from NHS business will be hard to come by", says the report.

Grocers see toiletries as an area for expansion and already take the lion's share of growth in this market. In-store pharmacies have also gained momentum.

Retail sales represent one strategy for improving return, says Verdict, highlighting Boots' wide range of products and Lloyds' pharmacy within a drugstore strategies.

However, Boots has also been affected by the competitive pressures. Company market share has slipped back to 32.6 per cent of total chemists and drugstores in 1993. Plans to improve efficiency and profitability include new gift areas for the larger stores and the opening of 200 additional smaller stores over the next four years, in addition to any concessions within J Sainsbury.

'Verdict on Chemists & Drugstores' is published by Verdict Research, tel: 071 404 5042, price £750.

Finding favour with the Tories

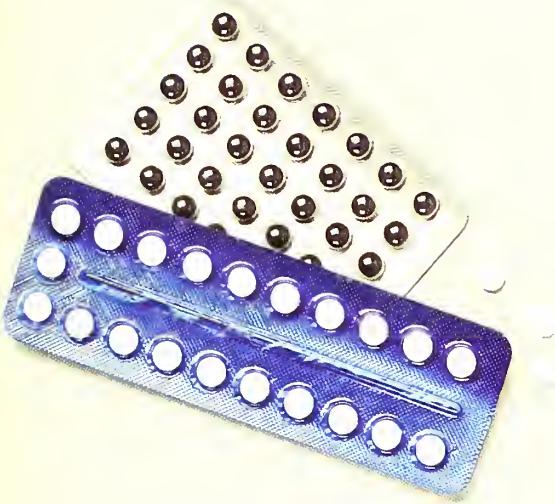
The pharmaceutical industry has a higher standing among Tory Members of Parliament than it does with Labour MPs.

In a recent MORI poll of parliamentary opinion, the industry ranked sixth in MPs' esteem behind airlines and retailing. The majority of MPs (57 per cent) had 'favourable' opinions of the pharmaceutical industry, of which 78 per cent were Conservative and 35 per cent from the Opposition.

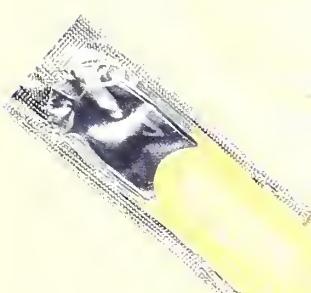
Opinion among Labour MPs has improved, according to the poll, commissioned by the Association of the British Pharmaceutical Industry. Only 13 per cent of this year's Shadow Government considers the industry unfavourably compared with 33 per cent last year.

Topical REFLECTIONS

She's unhappy with the Pill. He's uncomfortable with condoms. So what do you suggest?



femidom



Now you can suggest Femidom® - an effective contraceptive designed with men and women in mind, and with some important advantages for both of them.

Suggest Femidom for sensitivity

Instead of restricting the penis like a male condom, Femidom gently lines the vagina and takes its natural shape. This, combined with the fact that it is made from an extremely fine, soft material, means it's comfortable and sensitive for both men and women. So as well as benefiting from a reliable contraceptive, they don't have to compromise over enjoyment.

Suggest Femidom for reassurance

The same material which makes Femidom exceptionally soft and fine is also stronger than the latex used for male condoms. It's less likely to tear and burst. And as well as giving protection against pregnancy, Femidom can protect against infection, including HIV. Femidom is also completely odourless.

Suggest Femidom for convenience

Because it doesn't rely on the male erection to work, and because it is so comfortable, Femidom takes the pressure off both partners and makes sex more relaxed. Femidom can be inserted in seconds, like a tampon, and is put in place just before, or during lovemaking. Women who have been advised to stop taking the Pill, couples who are dissatisfied with their present method of contraception or who simply want a change, will find Femidom an attractive new choice.

HOW FEMIDOM WORKS

Femidom works as simply as a male condom, but instead of covering the penis, it gently lines the vagina. It is held in place by a small ring inside the sheath, and a ring at the open end which lies outside the body. To insert, the inner ring is squeezed and pushed as far into the vagina as possible. When both partners are ready to make love, the woman simply guides the penis into the outer ring. It is important to remember that with Femidom, as with any new product, it may take a couple of uses before the couple is confident about insertion and comfortable using it.

"When I first saw the female condom I thought, "Gosh, that's a bit big." All you do is bend the ring into a figure eight and then whack it up. Admittedly it does take a couple of goes before you get it right, but it gets easier - and better." **Female, married, age 26.**

To order stock contact your usual wholesaler, or
Smith & Nephew Consumer Products Ltd., Birmingham B8 3DZ.

3 pack

femidom®



the female condom

A MASTERPIECE FROM THE POPULAR MELTUS COLLECTION



Seton are experts in the art of cough control. That's why your customers can now pocket effective cough relief for use on the move - with new Meltus Cough Control Capsules.

Each easy-to-chew Meltus Cough Control capsule contains 15mg of Dextromethorphan Hydrobromide in a cool, pleasant tasting liquid.

This not only reduces the irritation and frequency of repeated dry coughing, but its warming vapours also help clear the head.

Available in packs of 10 only from pharmacies, this concentrated liquid cough medicine provides relief when and where it's needed.

In other words, effective Meltus cough control in a uniquely convenient capsule.

Ask your Seton representative about special introductory deals.



10 CHEWABLE CAPSULES FOR DRY TICKLY COUGHS

 Seton
Healthcare Group plc

TUBITON HOUSE, OLDHAM OL1 3HS, ENGLAND.

TELEPHONE: 061-652 2222.

Meltus is a Trade Mark of Seton.

Presentation: Chewable soft gelatin capsule containing Dextromethorphan Hydrobromide USP. **Uses:** For the relief of dry irritating coughs. **Dosage and Administration:** Adults, the Elderly and Children aged 12 Years and over. One (1) cap to be chewed every 4 to 6 hours as required, up to a maximum of 6 capsules in any 24 hour period. Not to be given to children under 12 years of age, except on medical advice. **Contra-indications, Warnings etc:** Contra-indications: This product is contra-indicated in patients concomitantly being treated with Mono-Amino Oxidase Inhibitors (MAOIs), those with severe obstructive airways disease, or those hypersensitive to any of the ingredients. Interaction with other medicaments: Other forms of interaction: Dextromethorphan Hydrobromide is known to interact with MAOIs. Effects on ability to drive and use machines: On rare occasions, this product may cause drowsiness. Other undesirable effects: In rare cases, drowsiness, dizziness and gastrointestinal upset have also been reported. Use in Pregnancy and Lactation: There is no, or inadequate, evidence of the safety of Dextromethorphan in human pregnancy. Dextromethorphan can be transmitted via human breast milk and it is recommended that this product should not be taken by mothers who are breast feeding. Other special warnings and precautions: Do not exceed the stated dose. Patients should avoid alcoholic drinks and beverages whilst taking this medicine. If symptoms persist, consult a Doctor. Overdosage: Overdose is unlikely to occur unless large numbers of capsules are taken. Symptoms include nausea, vomiting, confusion, excitability, respiratory depression and cardiovascular impairment. Treatment should include gastric lavage. Supportive treatment such as intravenous fluids and mechanical ventilation may be necessary if respiratory failure occurs. Pharmaceutical Precautions: Store at or below 25°C in a dry place. Further Information: Dextromethorphan is a cough suppressant which has a central action on the cough centre in the medulla. Legal Status: P. Packs: Blister of 10 capsules. Price: R.S.P £2.59 Product Licence: PL 11314/01. Product Licence Holder: Seton Products Limited. Distributor: Seton Healthcare Group plc, Tubiton House, Oldham, OL1 3HS, Lancashire 061 652 2222 Date of Revision: September 1994.

Counterpoints

Meltus bites back at coughs

Meltus Cough Control Capsules have the unique selling point of being the only chewable, liquid-filled capsules to keep coughs at bay.

Manufacturer Seton Healthcare says the strawberry-flavoured, P-medicine capsule offers "accurate dosage with no drips, mess or spills". And it is said to work immediately, soothing throats once the gelatine capsule is bitten.

Containing 15mg dextromethorphan, the dose is one capsule every four to six hours for adults and children over 12. No more than six capsules should be taken each day.

Available in packs of ten, the capsules retail at £2.59, giving pharmacists a minimum por of 33 per cent.

The line is being supported within the overall £1 million Meltus consumer spend, with a



specific capsules campaign getting into gear in January. Point of sale

material is also available. Seton Healthcare. Tel: 061 652 2222.

Beechams goes all for one

Beechams All-In-One is the first liquid multi-symptom cold and flu remedy for GSL stands.

It combines 500mg paracetamol, 200mg guaiifenesin and 10mg phenylephrine in a 20ml menthol-flavoured liquid dose.

The dose for adults and children over 12 years is 20ml every four hours to a maximum of four doses in 24 hours. For children aged six to 12 years, half the adult dose should be given. Each 160ml bottle retails at £2.99, with stocks available next month.

SB is backing All-In-One with a £1.5 million TV campaign, in addition to the £1.5m it is spending on the Beechams range. It will run from December through to February. Smithkline Beecham Consumer Healthcare UK. Tel: 081 560 5151.

Lemsip keeps out the cold

Lemsip is sponsoring the annual Crisis at Christmas clothing and blanket collection, and launching a campaign to highlight the problems of the elderly and homeless in cold weather.

During Lemsip's Cold

Awareness Week, the public will be urged to take their blankets and clothes to collection points in London, Bristol, Birmingham, Manchester, Swansea and Glasgow. These will then be distributed to emergency

shelters by the charity.

The campaign kicks off with a 'celebrity photocall' on November 7 and this will be backed up by the distribution of leaflets, poster and flyers nationwide. Reckitt & Colman. Tel: 0482 26151.



Monmouth Pharmaceuticals is relaunching the Expulin range of sugar-free cough remedies, incorporating the re-named Exphrin Linetus. A new packaging design communicates the effects of each product and is complemented by point of sale material. Retailers are also being given special offers on any Expulin ordered, along with pharmacy assistant training and competitions. Monmouth Pharmaceuticals. Tel: 0483 65299

Superted goes sugar-free

Ferrosan Healthcare has introduced a new sugar-free formulation of its Superted Multivitamins and Minerals.

Each tablet contains the sweetener Xylitol and is free from preservatives and artificial colours. The tablets come in chewable natural strawberry and raspberry flavours. A 30-tablet pack (£2.29) is presented in plastic bottles with child-proof safety lids.

Ferrosan is also bringing out an activity booklet called 'The Day In The Life Of Superted', which helps children to understand the importance



of good nutrition. Ferrosan Healthcare. Tel: 0932 336366.

Adcock makes second foray into OTC market

South African company Adcock Ingram makes its second foray into the UK market next month with the launch of Lemplus, a GSL cold and flu remedy. Lemplus capsules

contain 300mg paracetamol, 25mg caffeine and 5mg phenylephrine; and 650mg paracetamol and 50mg ascorbic acid in a powder. The dose, for adults and children over 12, is one sachet every four hours to a maximum of four in 24 hours; or one to two capsules every three to four hours, maximum eight in 24 hours.

The powders are available in packs of five (£1.37) or ten (£2.29) sachets. The capsules are in packs of 24 for £2.09.

The launch is supported by a £150,000 spend, targeting national newspapers and featuring Rudolph the Reindeer, without his red nose — because he takes Lemplus. Adcock Ingram (UK). Tel: 0533 650350.

£1m push on Nurofen

A new press campaign for Nurofen breaks in December issues of leading women's magazines, highlighting the product's use for easing different kinds of everyday aches and pains — from headaches to back pain.

Crookes is spending £1 million on the promotion. Crookes Healthcare Ltd. Tel: 0602 507431.



Baby Fresh freshens up

Scott is aiming to consolidate its share of the growing baby wipes market by relaunching its leading Baby Fresh brand.

The development of the product follows the recent addition of the Newborn Gentle wipe to the range, and includes the introduction of a new lotion with improved fragrance and cleaning properties.

Scott has also come up with a new, refillable dispensing tub for Baby Fresh with a hinged lid. This is bigger than the previous container,

holding 48 rather than 42 wipes and, says the company, gives better shelf visibility.

The pack design has been revamped, too. Colour coded labels and animal motifs are used to differentiate between the Baby Fresh variants and a new logo has been developed for added in-store impact.

Scott estimates that 2.3 billion baby wipes worth £53 million were sold in the UK last year and that the sector is growing at 9 per cent annually. Scott Ltd. Tel: 0342 327191.

New own-label lines from Unichem

Unichem is introducing new lines of own-brand kitchen towels, baby teats and soothers from November.

The baby rattle soother and shaped soother teats are made from pure latex. A case of 10 rattle soothers (twin pack) has an rrp of £1.35, and a case of 10 shaped soothers (twin pack) has an rrp £1.55.

Unichem's baby latex teats (twin pack) are made of natural latex and are available in both medium and fast flow variants. A case of 12 has an rrp of £0.49.

Shaped latex teats (single pack) are available in medium flow with an rrp of £0.39. All teats are designed for use with Unichem bottles, but do fit other wide-neck bottles.

In kitchen towels, a pack of 12 60-sheet twin packs will be available at an rrp of £0.89. The company says the sector is worth £120 million. Unichem plc. Tel: 081 391 2323.

Picture your family tree with Colab

Colab has launched a 'Caring Memories Family Tree' service to photo retailers which takes a customer's choice of pictures and creates a photographic record of past and present generations.

Up to nine images can



Colgate Actibrush mouthrinse is now available in a green Fresh Mint variant, which replaces the red Classic Colgate Actibrush. It has been introduced as a result of company consumer research, which shows that green and blue mouthrinses are the colours which most appeal to consumers seeking fresh breath confidence. It is available in both 250ml and 500ml sizes, in packs of 12s with an rrp of £1.99 and £2.99 per unit respectively. Colgate-Palmolive Ltd. Tel: 0483 302222

THERE'S MORE TO DRY SKIN

Wash E45, an all-over emollient cleanser, and **Bath E45**, the long-lasting bath emollient, are just as essential for people with dry skin problems as **Cream E45**.

Used instead of soap, bath additives and other foaming cleansers, they continue the good work begun by **Cream** and

Lotion E45. Dermatologically tested, free from detergents, perfumes, preservatives and other known sensitizers, E45 products complement one another and add up to a complete emollient programme for dry skin.

So next time a customer asks for your advice on a dry



Joe Bloggs' new ad campaign is entitled Cereal Killer Colognes and features the Crackling Cologne in a bowl of milk with Rice Krispies and the Long Lasting Cologne in a fridge with UHT milk. Joe Bloggs Inc. Tel: 071 580 6990

Musical lollipops change their tune

Chupa Chups has renamed and repackaged its whistling lollipops.

Formerly Whistling Chups, the range will now be known as Melody Pops, with packaging and advertising featuring a new cartoon character, P J Parrot.

The lollipops are available in a variety of flavours including cola, strawberry and watermelon flavours and include a 'numbered trombone stick' which allows consumers to play tunes by following the score on the wrapper!

Chupa Chups and pharmacy distributor Chemist Brokers are supporting the relaunch with major trade and consumer promotions. These activities include sampling and competitions in children's magazines as well as the use of supporting merchandise, such as P J Parrot soft toys and T-shirts. Chemist Brokers Ltd. Tel: 0705 219900.

Fuji snaps up Sonic

Sega's Sonic the Hedgehog and his latest sidekick Knuckles the Anteater feature on new packs of Fujicolor Quicksnap Plus 3 single-use cameras.

This tie-up follows the company's latest promotion on its Fujicolor Super G film which has

500 prizes of new Sonic and Knuckles games to give away.

The Sonic and Knuckles models come in carded packs rather than in the normal foil wrapper. Prices remain unaltered. Fuji Photo Film (UK) Ltd. Tel: 071 586 5900.

On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky Broadcasting	G Granada	HTV Wales & West
C Central	A Anglia	M Meridian
CTV Channel Islands	CAR Carlton	TT Tyne Tees
LWT London Weekend Television	GMTV Breakfast	W Westcountry

Anadin All Night:	All areas except U, CTV & C4
Crest Complete:	All areas
Deci Delá:	STV, Y, C, LWT, CAR, C4
Dove:	All areas
Gliss Corimist:	C4, GMTV
Johnsons Baby Skincare Wipes:	All areas except B, G, Y & LWT
Kids (J&J):	CTV, U, STV, A, HTV, W, M, C4
Lockets:	All areas except LWT & GMTV
Nice N Easy:	All areas except C, A, HTV, W, M
Nurofen Cold & Flu:	All areas
Pepcid AC:	All areas
Radian-B:	B, G, Y, C, A
Rennie:	C4, GMTV, BSkyB
Seven Seas Cod Liver Oil (& Oil Plus):	LWT, CAR, C4, GMTV
Seven Seas Cod Liver Oil (& Multivits):	G, C, W, M, C4, GMTV
Vicks Ultrachloraseptic:	All areas except CAR
Wrigley's Extra:	All areas
Wrigley's Orbit:	All areas
Zovirax cold sore cream:	All areas except GMTV

CARE THAN JUST CREAM.



dition, recommend the whole range to look after the whole body.

For more information on the complete skin maintenance programme provided by the E45 dermatological skin range, please contact: Crookes Healthcare Limited, Nottingham NG7 2LJ.

E45 DERMATOLOGICAL SKIN CARE

CROOKES
Healthcare



Lil-lets fights back with applicator tampons

Following Tambrands' entry into the digital tampon sector with Tampons, Smith & Nephew has come out fighting with its first ever applicator tampon.

Its development into applicator tampons is a major step for the Lil-lets brand, which has held the main ground in digital tampons for 40 years. Digital tampons make up 35 per cent of the market, applicator tampons 65 per cent.

Lil-lets applicator tampons differ from their competitors in size (they are smaller) and in shape (like digital Lil-lets, they are grooved). There are two absorbencies, Regular and Super, and they will initially be available in

boxes of 16 (Regular retail at £1.75, Super at £1.85), with boxes of eight to follow. Special trial packs of six (three Regular and three Super) will also be available during the launch period (rsp £0.59).

Five million pounds is to be spent on Lil-lets over the next 12 months, including TV and radio advertising featuring the catchline 'Small in size, Big on protection'. A heavyweight marketing campaign will offer extensive sampling.

Retailers will benefit from an introductory offer: retailers spending £12 on stocks of the tampons will receive £6 of Maxi-Slims free. **Smith & Nephew Consumer Products Ltd.** Tel: 021 327 4750.

Lion King bares teeth for Jordan

Riding the wave of 'Lion King' mania sweeping the country, Jordan has produced character merchandise toothbrushes based on Disney's latest blockbuster film.

The 'Brush & Glow' range uses a luminous plastic, which shines in the dark, and the packaging features Simba, the lion cub from the film.

The new brushes come in four pastel shades of pink, blue, green and yellow and are available in blister packs of 12. **Chemist Brokers Ltd.** Tel: 0705 219900.



More male Braun

Braun UK has added four new shavers to its portfolio. The new additions come under the banner of the 2000 and 1000 series shavers.

The company has extended the 'combination shave facility' of its Action Line series (which can trim long and awkward hairs and shave simultaneously) to the new 2540 and 2040 models. The 2540 is a mains/rechargeable model which retails at £49.99, and the 2040 is mains only (£29.99). Both versions come in black.

The two new introductions in the 1000 series are the 1008 dual voltage mains shaver (rsp £19.99) which features a pop-up long hair trimmer for moustache and sideburn clipping, and the 1508 mains/rechargeable model (£29.99). **Braun UK Ltd.** Tel: 0932 785611.

Vive Robinson

Robinson Healthcare is relaunching its range of cosmetic and nail polish removal moist tissues under the brand name Au Revoir.

The relaunch campaign themed 'After a great night out it's time to say Au Revoir' is timed to coincide with the Christmas party season and includes advertising in the women's consumer press.

The cosmetic removal tissues have a soap- and fragrance-free formulation and are available in packs of 15 and 50 at around £1.15 and £1.99 respectively. Nail polish removal tissues retail at around £1.25 for 30. **Robinson Healthcare.** Tel: 0246 220022.

AAH offers

Best buys in November's monthly magazine from AAH Pharmaceuticals include Nelson's aromatherapy and homeopathy ranges and the Organics range. Other discounted lines with higher pots include Duracell batteries, Mentadent toothpaste and Tampax tampons. **AAH Pharmaceuticals Ltd.** Tel: 0928 717070.

Roche packs some Punch!

Roche is running a special promotion on its Punch & Judy children's toothpaste, which includes free 'fun stickers' and an opportunity for children to win a Punch & Judy lunch box.

Roche says that the promotion aims to educate children about the benefits of regular teeth hygiene. The free stickers are being

promoted on-pack and by leaflet. The colourful leaflet also contains a 'Draw your Dentist' entry form (winners receive the lunch boxes).

• **Punch & Judy** toothpaste comes in 50ml packs in two flavours, orange and strawberry, and retails at £0.99. **Roche Consumer Health.** Tel: 0707 366000.



Sudocrem award

Pharmax's Sudocrem won the Gold Award for Product Excellence in the Toiletries/Skincare Product Category at the 1994 Mother & Baby magazine awards. **Pharmax Ltd.** Tel: 0322 550550.

Actilife ads

To support reformulated Actilife, Lifeplan is launching a heavyweight campaign in leading consumer health and women's interest magazines. The promotions feature two shoes — a running shoe and a city shoe — under the heading 'Running the country or the block', emphasising the 'antioxidant for active people' message. **Lifeplan Products Ltd.** Tel: 04555 56281.

Lion's share

Aladdin Industries has brought out a 'Lion King' lunch kit to coincide with the launch of the Disney film blockbuster. Made from robust green plastic, it features a scene from the film on its lid and contains a foam-insulated flask. The company says the kit is 'ideal for 3-8-year-old children'. Minimum order is 48 items (rsp £5.99). **Aladdin Industries Ltd.** Tel: 0442 235858.

Green Varta

Varta's environmental initiative to remove plastic blisters from its battery packaging has won the company the Institute of Grocery Distribution's 1994

Packaging Reduction Award. **Varta Ltd.** Tel: 0460 73366.

Pepper power

Soft drink Dr Pepper is running a 'Music Power' promotion which gives consumers the chance to win stereo CD radio cassette players, Sony Discmans and Dr Pepper T-shirts. The promotion, which runs until March 1995, coincides with the introduction of a new aluminium can for added on-shelf appeal. **Food Brokers Ltd.** Tel: 0705 219900.

Organix award

Baby Organix organic baby food, which contains 'no modified starch fillers or added sugars' has won the Mother & Baby Award of Excellence. The prize is given annually by the magazine to the product that a panel of expert judges considers has made 'an outstanding contribution' to the baby goods sector. **Captiva Brands.** Tel: 0202 715156.

Ciba Vision

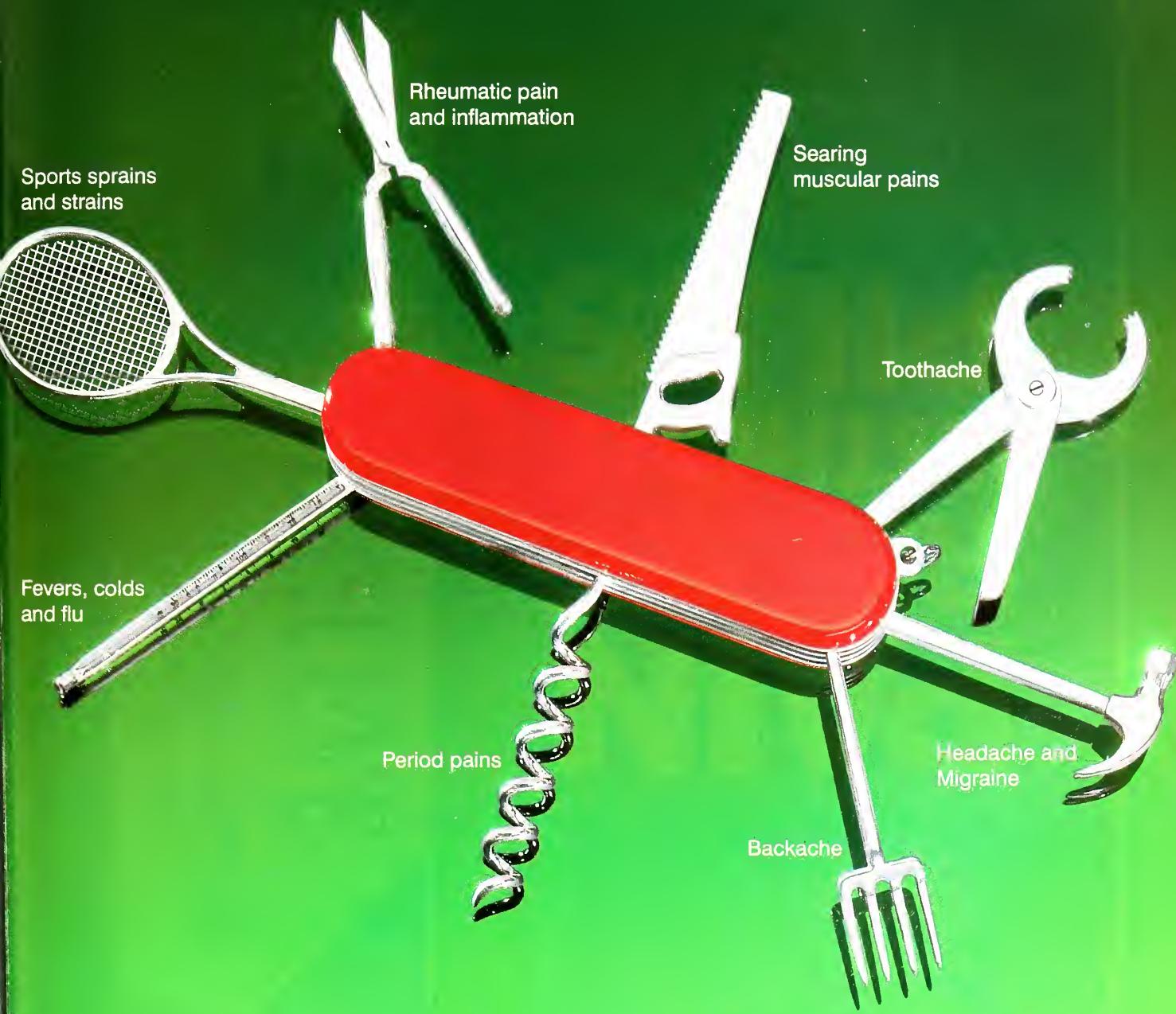
Ciba Vision Ophthalmics' Viscotears Liquid Gel contains carbomer 940, not carober 940 as reported in C&D October 22, p673. **Ciba Vision Ltd.** Tel: 0489 785399.

Complan change

Complan is owned by Heinz and not Crookes Healthcare as reported in C&D October 15, p615. **Heinz Ltd.** Tel: 081 573 7757.

AMAZING ANADIN

The all-purpose analgesic



For everyday aches and pains, Anadin is at the cutting edge of modern pain relief. With its analgesic, antipyretic and anti-inflammatory actions, Anadin is well equipped to deliver fast and effective relief in a wide range of indications.

Whether it's for headaches, period pains or muscular strains and sprains, you know you can trust Anadin to work.

It's well worth recommending to your customers.



THE UK'S No1 BRAND OF ASPIRIN

Product information: Anadin Caplets. Presentation: Caplet for oral administration. Each caplet contains Aspirin Ph Eur 325mg and Caffeine Ph Eur 15mg. Uses: Symptomatic relief of sprains; strains, rheumatic pains, sciatica, lumbago, fibrositis, muscular aches and pains, joint swelling and stiffness of headache, migraine, neuralgia, toothache, sore throat, period pains and aches and pains. Symptomatic relief of influenza, feverishness, feverish colds. Dosage: Adults and the elderly: one to two caplets every 4 hours. Do not exceed 12 caplets in any 24 hours. Children under 12 years: Not recommended unless instructed by a physician. Contraindications: Peptic ulceration, haemophilia, concurrent anti-coagulant therapy, aspirin hypersensitivity. Interactions: May potentiate the effects of oral anti-coagulants, heparin, metoclopramide, oral hypoglycaemics, methotrexate and phenytoin (transient). May reduce the effects of spironolactone and pyrazinamide. The uncoupling effects of probenecid may be reduced. Special Warnings: Aspirin may provoke or worsen asthma. Precautions: Not applicable. Side Effects: Side effects are mild and infrequent but there is a high incidence of gastro-intestinal irritation, bronchospasm and skin reactions in hypersensitive patients. Effects on ability to drive and use machines: None stated. Incompatibilities: None stated. Use during pregnancy and lactation: Not recommended. Overdose: Only persons unduly sensitive to aspirin will show symptoms after taking the product at the recommended dosage level. Such persons should discontinue use whereupon symptoms should subside. Severe intoxication from heavy overdosage is shown by hyperventilation, fever, restlessness, keipsis, respiratory distress and metabolic acidosis. CNS depression may lead to a cardiovascular collapse and respiratory failure. Pharmaceutical Precautions: No special precautions. Legal Category: up to 25 caplets GSL, over 25 caplets Pharmacy only. Price and package quantities Anadin Caplets: 4's 36p, 8's 69p, 12's 94p, 24's £1.59, 48's £2.39, 96's £3.49. Product Licence No: PL 0165/0060. Date of Preparation: November 1994. Shelf Life: 5 years. Whitehall Laboratories Limited, Huntercombe Lane South, Taplow, Maidenhead, Berkshire, SL6 OPH

* Trade Mark

Script specials

Ikorel — a new angina treatment

Ikorel (nicorandil) is a new potassium channel opener for angina co-promoted by Rhône-Poulenc Rorer and Merck-Lipha.

Nicorandil is the first available drug of a new class known as potassium channel activators. It has a dual mode of action which leads to relaxation of vascular smooth muscle. Opening the potassium channels leads to arterial vasodilation which reduces the afterload. The nitrate component promotes venous relaxation and a reduction in preload. It also has a direct effect on coronary arteries without causing a 'steal' phenomenon. Overall, nicorandil improves blood flow to post-stenotic regions, restoring oxygen balance in the myocardium.

The recommended starting dose is 10mg nicorandil twice daily. Patients who are particularly susceptible to headache can be started on 5mg twice daily. The dose is then titrated upwards, according to clinical response. The usual maintenance dose is in the range of 10-20mg twice daily, although doses of up to 30mg twice daily may be necessary.

Glucagon short

Novo says Glucagon Novo 1mg is temporarily out of stock. New stocks are expected from November 14. **Novo Nordisk Pharmaceuticals Ltd.** Tel: 0293 613555.

Loron 520 pack

Loron 520 tablets will be available in a new pack size of ten tablets from early November (basic NHS price £30.40). **Boehringer Mannheim UK (Pharmaceuticals) Ltd.** Tel: 0506 412512.

Scopoderm TTS

There is a severe shortage of Scopoderm TTS. To meet demand for patients where no alternative is available, Ciba has imported limited stock from France. Although the patches are identical to those sold in the UK, they do not meet UK packaging requirements. This means supplies have to be despatched on a named patient basis. Contact customer services at Ciba Pharmaceuticals. Tel: 0403 272827.

Maxolon transfer

Monmouth is taking over distribution of Maxolon from Smithkline Beecham from November 1. All medical inquiries should be directed to Monmouth. However,

Licence holder Rhône-Poulenc Rorer Ltd, Eastbourne, East Sussex BN21 3YG

Presentation Off-white circular tablets scored on one face, containing 10mg or 20mg nicorandil, coded IK10 and IK20
Indications Prevention and the long-term treatment of angina pectoris

Adverse effects Transitory headache, occasionally nausea and vomiting

Contra-indications Cardiogenic shock, left ventricular failure with low filling pressure, and hypotension. Hypersensitivity

Warnings Use should be avoided in patients with depleted blood volume, low systolic pressure, acute pulmonary oedema or acute myocardial infarction with acute left ventricular failure and low filling pressures

Interactions Possibility that nicorandil may potentiate the blood pressure lowering effect of vaso-dilators, tricyclic anti-depressants or alcohol. No interactions have been seen with beta-blockers, digoxin, rifampicin, cimetidine, nicoumalone, calcium anta-

adverse event reports should be sent to SB. Until Monmouth obtains licences the range will be distributed in Beecham packaging. **Monmouth Pharmaceuticals.** Tel: 0483 65299.

Stiefel changes

Stiefel is reducing the trade price of Stiedex Oily Cream (30g) from £3.43 to £2.55 from November 1. Driclor is now classified as a P product and the retail price is £4.97. **Stiefel Laboratories (UK) Ltd.** Tel: 0628 524966.

Litarex unavailable

Litarex (lithium citrate) is currently unavailable in the UK. Dumex believes the situation will improve within a month. As bio-availability of lithium varies between products, patients should not be transferred from one to another without retitration. **Dumex Ltd.** Tel: 0442 890090.

Once daily diltiazem

Slozem is a once daily sustained release formulation containing diltiazem HCl in 120mg, 180mg and 240mg strengths (blister packs of 28 capsules, basic NHS prices £7.00, £9.24 and £9.80). **Lipha Pharmaceuticals Ltd.** Tel: 0895 452200.

gonists or a combination of digoxin and frusemide

Legal category POM

Pack sizes 60 x 10mg tablets (£11.66); 60 x 20mg (£19.88)

PL numbers 10mg PL0012/0229; 20mg PL0012/0230.

Estring for vaginal HRT

Estring is a vaginal ring made of silicone elastomer which releases oestradiol locally over a period of three months. It is indicated for the treatment of postmenopausal atrophic vaginitis. It has no significant systemic effect, so is not suitable for post-menopausal complaints such as hot flushes (which require a systemically active dose of oestrogen), or for prevention of osteoporosis.

The ring contains a reservoir of 2mg oestradiol which is released at a rate of 7.5mcg/24 hours in a consistent manner for at least 90 days. The ring is inserted into the upper third of the vagina, worn continuously for three months and replaced if appropriate. The maximum recommended duration of therapy is two years.

If the woman wishes, she can temporarily remove the ring (before sexual intercourse or when she is using vaginal preparations). Advice on removal and correct replacement can be found in the patient leaflet.

Adverse effects include vaginal irritation, abdominal pain or discomfort and urinary tract infections. However, some of these conditions frequently occur in untreated postmenopausal women. If the side-effects are severe, women are advised to remove the ring before visiting their doctor. The basic NHS price is £32.90. **Pharmacia-Leiras Ltd.** Tel: 0908 661101.

Dermal first with ibuprofen spray

Ibuspray from Dermal Laboratories is a spray formulation containing 5 per cent w/w ibuprofen. It is indicated for rapid topical relief of soft tissue conditions such as backache, rheumatic and muscular pain, strains and neuralgia.

Although it is a P product, it is being promoted to GPs and will not be advertised to the public.

The aqueous/alcoholic spray spreads easily and leaves no sticky residue. The spray bottle can be used upright, or inverted to reach awkward or less accessible areas.

Ibuspray should be sprayed over the affected area, holding the bottle 4-6in from the skin. After every 2-3 sprays, it should be massaged into the skin, spreading it around the affected site until it dries. The amount applied varies depending on the extent and severity of the condition. Between five and ten sprays is usually enough and this can be repeated 3-4 times daily. If symptoms persist, treatment should be reviewed after a few weeks.

Systemic absorption is low so side-effects are less likely to occur than with oral forms of ibuprofen. However, the spray should be used with caution in patients with active peptic ulcer, kidney problems, asthma or intolerance to aspirin or ibuprofen. Keep the spray away from the eyes and mucous membranes and do not use on broken skin. It is highly flammable and should be kept away from naked flames.

Ibuspray is available in a 100ml pack fitted with a metered dose pump spray (NHS price £6.95, rsp £12.25). **Dermal Laboratories Ltd.** Tel: 0462 458866.

Pelvic cone for incontinence

Aquaflex is a new pelvic cone from DePuy Healthcare to help women with stress incontinence — the most common type of incontinence in women. It occurs when the pelvic floor muscles have been weakened or damaged.

Aquaflex consists of an outer casing and a set of stainless steel weights. The weights are placed on a spindle inside the casing which is screwed together. The weights range from 5-60g and two cone sizes are included to give 22 possible combinations.

It is recommended that the

weighted cone be used for ten minutes, twice daily. If the woman has selected the correct weight her pelvic floor muscles should be exercised without too much strain. More weights can be added until the muscles have been toned and lifted.

At present Aquaflex is only available by mail order or through continence advisers, but the company plans to introduce the product to pharmacies. It costs £29.95 (+VAT) plus £1.50 if ordered by post. **DePuy Healthcare.** Tel: 0532 706000.

Aspirin forges new advances in clinical medicine

The benefits of aspirin have long been recognised, with earliest reports that Hippocrates used a brew of willow leaves (containing salicin – a precursor of acetyl salicylic acid) as a pain killer around the 4th century BC. Today, aspirin is still being recommended for its powerful analgesic, anti-pyretic and anti-inflammatory effect. But as we're discovering, aspirin's versatility extends much further, with many new, potentially life-saving, clinical applications emerging every day.

Researchers now know that aspirin works by inhibiting the synthesis of prostaglandins, chemical mediators which are responsible for a diverse spectrum of physiological responses. Prostaglandins, for example, are responsible for 'the inflammatory response' – the characteristic pain, swelling, redness and heat that accompany tissue damage. They also cause blood to clot by encouraging platelet aggregation.

Aspirin's anti-platelet effect

Most recently, researchers have been focusing their attention on the vascular and other implications of aspirin's anti-platelet effect. There is little doubt that low dose aspirin, taken prophylactically, can prevent thrombosis, and reduce the risk of heart attack and stroke¹. Aspirin is now being investigated for its potential use in other clinical areas thought to be linked to the prostaglandin pathway.

New uses for aspirin*

Pregnancy-induced hypertension

Foetal growth retardation

Dementia

Alzheimer's Disease

Colon cancer

Pregnancy pre-eclampsia

Diabetic retinopathy,

nephropathy, neuropathy

Pulmonary embolism

*Currently being researched

"I would be comfortable with GPs giving low-dose aspirin at 12 weeks to women who they think are at risk of early onset pre-eclampsia".

de Smet M. Monitor Weekly 16 March 1991

normal in these vessels, but when the degree is unusually high, blood flow to the foetus can be almost completely blocked, resulting in foetal growth retardation, or toxæmia.

The Lancet recently published the results of a major placebo-controlled trial of low-dose aspirin in 9,364 at-risk pregnant women². Aspirin was found to



13 week old foetus, showing the spiral arteries of the placenta

reduce significantly the likelihood of preterm delivery, with progressively greater reductions in proteinuric pre-eclampsia the more preterm the delivery. The average weight of all babies born to women allocated aspirin was significantly greater than that in the placebo group. The trial also found that aspirin may prevent early-onset pre-eclampsia in women especially at risk, particularly if it is started before 16 weeks' gestation.

Aspirin in bowel cancer

Increasing evidence suggests that high levels of prostaglandins in the bowel cause colon cancer. Aspirin's inhibitory effect along the prostaglandin pathway has raised speculation that it helps prevent some cases of colon cancer. It is also postulated that aspirin acts as a 'free radical scavenger', effectively mopping up these potentially destructive biological particles. More research is under way – hopefully aspirin will offer some new treatment options for this potentially fatal condition.

Aspirin in dementia

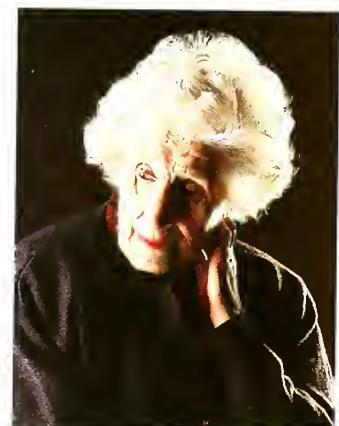
About 25% of people over the age of 70 have some degree of 'multi-infarct

dementia', in which tiny vessels of the brain are blocked by clumps of aggregated platelets. Aspirin has been shown to improve the condition of sufferers³. These encouraging results have led to the implementation of larger studies, which are currently in progress.

There is also the suggestion that the tragic Alzheimer's Disease is a progressive inflammatory process, and that sufferers may benefit from non-steroidal anti-inflammatory drugs like aspirin. It is too early yet to make recommendations, but first results suggest that aspirin may offer some real hope.

The future for aspirin

Aspirin's potential for prevention and treatment of some of the world's most



distressing and refractory conditions is becoming increasingly clear. Ironically, one of the oldest drugs known to man is now providing new solutions to today's medical problems. As the list of potential benefits of aspirin continues to grow, it is anticipated that even more people will be helped by this versatile, cost-effective and remarkable remedy in the years to come.

References: 1. BMJ 1991; 302: 81. 2. Lancet 1991; 345: 619-20. 3. *Arch Geriatr Soc Res* 1989; 7:60-5/9-35

THE EUROPEAN ASPIRIN FOUNDATION: IMPROVING ASPIRIN AWARENESS

The European Aspirin Foundation aims to increase the knowledge and understanding of aspirin, probably the world's oldest and most widely used medicine.

By stimulating the distribution and exchange of information and discussion on all aspects of aspirin, including current research and old and new therapeutic uses for it, the European Aspirin Foundation helps to co-ordinate current world-wide awareness and increasing medical research interest in this vitally important medicine.

Aspirin is a versatile and trusted home remedy with a long history, that also promises important new applications in medicine.



Find out more about new uses for aspirin

by completing this coupon and returning to the European Aspirin Foundation, PO Box 7, Ripley, Woking, Surrey, GU23 6YU.



Aspirin's role in pregnancy

Two of the leading causes of death *in utero* are foetal growth retardation and a condition called pregnancy toxæmia, which affects the mother by causing dangerously high blood pressure and kidney damage. The two are thought to be linked, and both have their origins in the 'spiral' arteries of the placenta.

A certain amount of thrombosis is

A young mother of two, now on a camping holiday with her family, took a dose of mebendazole last week to treat threadworm infection. She had quite a bit of diarrhoea the next day, which she knows was a side-effect, but was otherwise OK. Since then, she's hardly been to the toilet but still has perianal itching, so she's been to see a local GP who says the itching is probably caused by constipation. She doesn't pay the prescription charge

1. What do you need to know to account for perianal itching?
2. Do you have any treatment recommendations and what more do you need to know?
3. What may have precipitated constipation?
4. What would you tell her about taking lactulose?

1. It could be due to anal seepage, which can occur with constipation (though more usually in prolonged cases). Itching may also be due to trauma from scratching during the worm infestation.

It is possible, though perhaps a little early, that the worms have come back. Ask if she has seen signs of the worms and if the GP checked for this; whether the rest of the family was treated, and whether any of them has symptoms now.

2. Ensure she is aware of the need for scrupulous hygiene. A second dose of mebendazole is usually given two weeks after



the first because of the risk of reinfection, so you recommend this regardless. First ensure she is not breastfeeding, pregnant or planning a pregnancy.

The family should also take two doses. There is a theoretical risk that cimetidine may reduce the efficacy of mebendazole. If symptoms persist after treatment, or get worse at any time, she should consult the GP again.

Finally, check whether she is taking an oral contraceptive, since its effectiveness may have been impaired by diarrhoea.

3. It is not unusual for bowel habit to be altered by a bout of diarrhoea, possibly affected by

increased concern over the worm infestation. There could, however, be many other causes, including a change in diet and a camping holiday. With infestation by larger parasites, such as roundworm, a large mass of worms can cause intestinal blockage, but this is unlikely with threadworm.

4. Lactulose may take up to two days to show effect. The dose should be reduced gradually according to need — if she stops suddenly after a few days, she might be constipated for several days more. Typical adverse effects are flatulence, abdominal discomfort and cramps.



Ode to the Pharmacy Assistant Awards

Here is a light-hearted poem about the Pharmacy Assistant of the Year Award finals held recently in London (*C&D* October 22). I thoroughly enjoyed my

interesting weekend, and if you print my humble effort, I hope it will encourage other pharmacy assistants to participate in such training in the future.

I'm going to London! No, not to see the Queen, I'm going to London, and it all seemed like a dream. We caught the train at Manchester, the day looked really glum, As the train pulled into Euston, we were greeted by the sun. We caught the tube to Kensington, it really was a squash, But when I saw the Regency, I thought: this is dead posh! We were greeted by a lady who offered us some tea, It was just what I needed to calm the nerves you see. I then went for an interview, with three judges on the team, I was all of a quiver, but my smile remained a beam. I answered all the questions, and they made me feel at ease, Then in came the photographer, who said: 'Now all smile, please.' The day went very quickly, and the evening did arrive, They gave us all an orchid, and we all wore them with pride. We had a super dinner, and real champagne to drink, The company was excellent, I was really in the pink. Just then I heard my name called, You're runner-up they said, So I floated to the platform, the applause rang in my head. As I held my cherished prizes, and my hand was squeezed and shaken, The flash bulbs popped, the cameras clicked, we had our photos taken. Now my super weekend's over, and all the work is done, I shall pack my case with sun cream, and shout: 'Cyprus, here I come!'

Sylvia Hodge

Rochdale

The de Brus Pharmacy Assistant competition, endorsed by *Chemist & Druggist* and The National Pharmaceutical Association, was

supported with sponsorship from Elida Gibbs, Ciba Geigy/Zyma, Crookes Healthcare, Bayer and Smithkline Beecham. The winners' holidays were organised by Cyprus Classic Conferences. Details of the 1995 scheme will be announced soon.



Stuart Gale (centre), a pharmacist from the Sutton Coldfield Frost group of pharmacies, is the 1994 Unichem/Seton Healthcare Pharmacist Golfer of the Year. Mr Gale battled it out in the final round with 29 other pharmacists to win the rose bowl trophy presented here by Iain Cater (left), chief executive of Seton Healthcare, and Kelvin Hide, commercial director of Unichem plc

Letters

To prevent confusion ...

The *Chemist & Druggist* of October 8 reported that the Statutory Committee had ordered that the name of a Mr Jitendrakumar C Patel of Rainbow Pharmacy, Milton Keynes, be removed from the Register.

May I, through your columns, state that Mr Patel is not associated in any way whatsoever with Rainbow Pharmacy of Two Mile Ash, Milton Keynes of which I am the sole proprietor.

Ashok S Tosar
Milton Keynes

Air quality is vitally important in operating theatres. That's why so many hospitals use true HEPA filtration - a technology which was first developed by the U.S. Atomic Energy Commission to clean the air of radioactive particles.

room and a charcoal pre-filter to control smoke, odours and other gaseous compounds. Their unique design also ensures that the number of room air changes per hour required to effectively combat the symptoms of asthma

and allergies is achieved.

The end result is the most efficient range of portable air cleaners in the world.

**He can't operate
without clean air**

Now Honeywell have built this technology into their

Enviracaire portable air cleaning units. Which is good news

for asthma and allergy sufferers. Enviracaire's HEPA filter media removes 99.97% of contaminants, such as cat allergen, bacteria, dust mites, viruses and pollen. Air quality is increased, allergic reactions reduced and life becomes far more comfortable. Honeywell Enviracaire air

cleaners offer other advantages including a patented 360° airflow system for maximum cleaning of all the air in the

**Neither can an
asthmatic**

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A.A.H. customers can also contact their local A.A.H. sales representative

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Flavour**

**Blue-Minty
Gel**

Illegal imports

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LEGAL ACTION TAKEN

Colgate-Palmolive has just successfully sued a U.K. wholesaler for dealing in foreign Colgate toothpaste, C-P recovered damages and costs from this trader.

Following on from this successful legal action C-P are now taking similar action against three more traders who are dealing in foreign

Colgate toothpaste, they are:

- A Scottish drug store chain
- A Southern independent chemist
- A Midlands based Cash 'n' Carry

Colgate-Palmolive's advice to all it's customers is to deal, exclusively, with Colgate-Palmolive U.K.



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Eyes and contact lens care

This is the 30th
Chemist & Druggist training
seminar for pharmacists and
their assistants,
sponsored jointly with a
company having a particular
expertise in the title subject

There are three areas in which pharmacy and pharmacists may have a role in eye care. These are the provision of: advice on ocular problems to ensure that the patient receives the most appropriate care; information on ocular side-effects of systemic medication a patient may be receiving, and information on solutions and regimes for the care of contact lenses. This article will be limited to the first role.

Ocular problems

Crucial to this role is a decision whether the patient should be referred immediately or may be treated with OTC products. This can be achieved through observation of the eye and careful questioning of the patient.

Observation of the eyes

Signs of damage to the tissues and the presence of penetrating foreign bodies should be evident



*The role of pharmacy in eye care.
Janet Vale, MSc MRPharmS lecturer in
Pharmacology, School of Biological
Sciences, University of Manchester*

immediately. Such problems require referral for first aid, which will not be considered further here.

Discharge The presence of clear, watery discharge is associated with viral or allergic conjunctivitis. A discharge of pus, which may be crusted on the lids preventing their easy opening on wakening, is indicative of bacterial conjunctivitis.

Eyelids The position and condition of the eyelids should be observed.

The eyelids may be swollen because of an infection in the hair follicle at the base of an eyelash (stye). Infection of a meibomian gland in the lid results in a hard lump under the skin of the lid. Such conditions are usually unilateral. Redness of the lid margins is a feature of blepharitis, which may be allergic (the conjunctiva is also likely to be affected), or infective.

Conjunctiva A marked swelling may be seen in allergic conjunctivitis while

viral conjunctivitis may be associated with the formation of follicles.

Redness The location of redness is an important pointer to the nature of the problem. Diffuse redness is observed in conjunctivitis and localised redness in episcleritis. Either may be seen in scleritis. The redness is confined to the rim (limbus) of the cornea in iritis, closed angle glaucoma (CAG) and keratitis. If the redness is unilateral, it is more likely to be an intra-ocular problem such as iritis or CAG.

The redness may obscure the vascular pattern and be observed as a bright red, diffuse or localised area. If this is unilateral the cause is likely to be a spontaneous subconjunctival haemorrhage. A bilateral pattern is likely to indicate a more serious problem.

State and reactions of pupils

The pupils should be circular, equal in size, and react

equally to light, remaining circular as they constrict. They should not appear cloudy or hazy.

Questions to ask the patient

History Patients should be asked about the onset and duration of the problem and whether there have been previous episodes of the same problem. Information concerning any possible precipitating factors, such as prolonged close work, dry atmosphere, visits to the swimming baths, sporting or DIY activities may provide helpful pointers towards deciding what action is required.

Presence of systemic disease

Systemic diseases, including hypertension, diabetes mellitus and rheumatoid arthritis, can result in ocular changes, as can systemic medication taken for the treatment of these and other systemic diseases. The presence of a cold may be associated with viral conjunctivitis. Patients with hay fever may also experience

Seminar
No. 30

allergic conjunctivitis.

Ocular discomfort

The patient may describe this as superficial itching, irritation or grittiness. This is likely to originate from the conjunctiva. A dull ache may be associated with episcleritis, a deep ache with iritis, a severe, deep pain with scleritis and severe pain radiating over the forehead, accompanied by vomiting with closed angle glaucoma.

Visual disturbances

Reports of double vision and sudden onset headache may indicate intracranial problems and require immediate referral.

Contact lens wear

It is important to establish whether a patient seeking advice wears lenses or not and whether the problems experienced are associated with wearing lenses. Contact lens wearers should generally be referred to their optometrist.

Criteria for referral

- * Children under one year of age
- * Obvious trauma to the eye or surrounding tissues
- * Evidence of corneal damage
- * Where a patient reports pain rather than itch or grittiness
- * Where vision is impaired
- * Infection persisting after two days
- * Any recurrent or chronic

situation

* Where doubt exists over the diagnosis

OTC treatment

Although referral is required in some situations there are a number of conditions which may be treated, at least initially, with OTC products.

Dry eye

This is a common problem causing considerable discomfort which arises from a change in the quantity or quality of the tears. It is more common in older patients, may accompany rheumatoid arthritis, and can be induced by systemic medication. The

patient complains of a burning, itchy or gritty sensation which worsens in a warm, dry atmosphere. There is no cure but relief may be obtained from artificial tear preparations which contain a wetting agent, polyvinyl alcohol, and viscosity-increasing polymers, such as hyromellose.

Conjunctivitis

This usually affects both eyes. The pupils are normal, there is no visual disturbance and the patient describes the feeling as itchy or gritty but not painful. Bacterial conjunctivitis, usually due to *Staphylococcus aureus*, may be

Update on contact lens care regimens

Caroline L Christie BSc (Hons) FBCO DCLP, senior optometrist, Moorfields Hospital, warns against bad habits

Contact lens care is not a single event. Cleaning, rinsing, disinfecting and the handling of lenses are all vital steps which need to be performed on a daily basis until the lenses are finally



Improper care may become a repeating habit

discarded.

Unfortunately improper lens care can become a bad habit, which increases the likelihood of problems.

The pharmacist can help to avoid bad habits forming by developing knowledge and understanding of the different regimens available and advising accordingly.

Non-compliance

Compliance studies on lens care show conclusively that over 50 per cent of contact lens wearers significantly breach instructions. Compliance with soft lens care systems is extremely important as links with poor compliance and adverse eye reactions are not uncommon.

Lens wearers tend to comply most closely with steps that

Outstanding issues of compliance

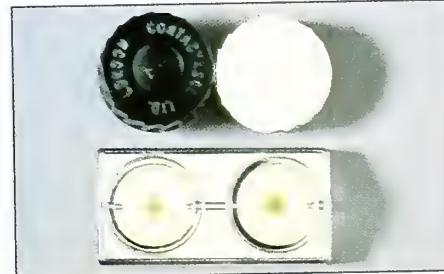
- 1: Failure to wash hands before touching lenses
- 2: Failure to clean and air dry lens case (and regular replacement)
- 3: Failure to follow the full regimen

affect comfort, and often disregard steps which can impact on safety. The most common reasons for non-compliance are frequency, complexity, time and cost.

Single-bottle systems

In the past, companies have tried to improve care systems/regimens by adding separate cleaners and protein removers. With the arrival of new generation, single-bottle systems this trend has reversed.

No product is as effective as 3 per cent hydrogen peroxide in a straight challenge. However, the new single-bottle systems, when used as a regimen, do effectively



Lens cases must be replaced regularly

disinfect against ocular pathogens. Although not all multi-purpose solutions are equally effective.

Single-bottle systems offer cleaning, rinsing and disinfection in one bottle. Although they will not solve all outstanding issues, they will help reduce complexity and save time and cost.

Improving compliance

Pharmacists can help reduce potential risk by offering good advice, avoiding home-made solutions (ie distilled water or, worse still, tap water!), discouraging the transfer of solutions between containers, and encouraging the frequent

replacement of lens cases which can be a source of contamination. If pharmacists have any doubts, they should always refer the lens wearer to the optician.

Non-compliance	
60%	Patients used daily cleaner inappropriately
31%	Patients relied on saline or daily cleaner for disinfection
40%	Patients failed to disinfect daily

Source: Herman CL. FDA study. 1987

Product	Manufacturer	Preservative %	Surfactant	% EDTA
Complete	Allergan	Polyhexanide 0.0001	Tyloxapol	0.05
ReNu	Bausch & Lomb	Polyhexanide 0.00006	Poloxamine	0.1
Optifree	Alcon	Polyquad 0.001	Nil	0.1
Solo-Care*	Ciba Vision	Polyhexanide 0.0001	Poloxamer 407	0.025
All in One*	Sauflon	Polyhexanide 0.0005	Poloxamine	0.3

* Not currently licensed in the UK

treated with propamidine eye drops or dibromopropamidine ointment. The patient should seek medical advice if the situation shows no improvement after two days, or deteriorates. Allergic conjunctivitis may be treated with the topical antihistamine, antazoline. The patient may also be advised on the prophylactic use of the mast cell stabiliser, sodium cromoglycate. All other 'red eyes' should be referred, the exception being a subconjunctival haemorrhage which resolves spontaneously and requires only reassurance. Recurrent

episodes should be referred.

Mild irritation

The patient complains of mild irritation or 'tired eyes' but there is no indication of conjunctivitis, change in vision or other abnormal sign. Suitable drops or lotions generally contain a mild astringent, witch hazel or zinc sulphate, with or without a vasoconstrictor.

Uncomfortable lenses

There are many possible reasons for such a problem, and unless the cause has already been investigated by the optometrist, and recommendations about the use of 'comfort drops' made, the patient should be referred.



Market trends

Andrew Tasker, marketing manager, Allergan, studies what is happening on the sales front

Contact lens care is a lucrative market currently worth around £115 million at retail level, with pharmacy accounting for 45 per cent of total sterling sales.

Contact lens care market by sector

Segment	Value share of market %	Segment leader
Oxidative	46	Oxysept
Gas permeable lens care	16	Total
Salines	15	Solar Saline
Surfactants	11	LC-65
Protein removers	7	Hydrocare
Wetting drops	7	Fizzy
Chemical	4	Ultrazyme

Source: MAT, June 1994

The market can be broken down into several different segments, each accounting for a proportion of the total market value.

The dynamics of the market are fairly simple, but understanding them helps to clarify the likely future market trends. Opticians are drivers in the market place; they give out free samples of systems as a service to their patients when they fit contact lenses. A large proportion of these patients will

then start to buy that solution on a regular basis – 45 per cent will be purchasing from a pharmacy outlet.

There are around 50 million

cared for. This involves daily cleaning, rinsing and disinfecting, as well as weekly protein removal. Traditionally these care regimens are made up of several different products. The whole process was seen as complex and time-consuming.

Recent developments have seen a move towards greater simplicity. Oxysept 1 Step (R), launched in 1993, offered for the first time in the UK one-step hydrogen peroxide efficacy. Now, a new generation of one-bottle systems, such as Complete, is available. Complete is able to carry out all the elements of daily lens care with just one bottle.

Over the next few years we will see a move towards these simpler, more convenient systems. The increasing ease of lens care should help to bring in new wearers and reduce the number of people who either stop wearing their lenses, or only wear them occasionally. The overall result is likely to expand the total market.

Greater value

Greater competition in the market place, and the growth of disposable and frequent replacement contact lenses, means that prices have fallen, making contact lenses accessible to a much wider audience. The one-bottle systems also offer increased consumer value. Traditionally lenses have been seen as expensive to buy and care for, but all that is changing with the result that many people who dismissed contact lenses as far too expensive are now reconsidering their decision.

Consumer advertising has created both awareness and desire for products. Advertisers include lens manufacturers, such as

contact lens wearers worldwide – 2.5 million of these are living in the UK. Only 6 per cent of those people with glasses actually have lenses as well. This is significantly lower than in many other markets. The potential for growth is clear. The market has grown significantly in the last few years and it is predicted to continue to do so in the future due to a number of factors.

Lens care

In order to get good service from contact lenses they need to be

Pilkington, Allergan, Ciba Vision and Johnson & Johnson. The commitment to expand the market is further illustrated by the launch of a major consumer public relations initiative from the Association of Contact Lens Manufacturers. The object of the campaign is to reinforce the benefits of lenses to all those requiring visual correction.

The growth in contact lenses for purely cosmetic reasons has been seen in many markets. Tinted lenses, such as Wesley-Jessons Freshlook, will be promoted directly to a young female audience.

Pharmacy opportunity

The pharmacist is in a key position to take full advantage of the expanding user base. A key factor is to make sure all staff are well informed so they can offer help and advice to any lens wearer who is unsure of what to buy or how to use it.

Build your business

- 1: Make sure the care products are easily available to customers
- 2: Keep product ranges together, ie all hard lenses products in one area and all soft care products in another
- 3: Good window display to attract passing trade
- 4: Price products clearly
- 5: Make sure at least one member of staff has good understanding of the product area
- 6: Range sell – ask if they need a daily cleaner or protein remover
- 7: Maintain sufficient stock levels – customers are more likely to buy elsewhere than change brand
- 8: If in doubt, refer them to the optician

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IPMI celebrates 30th anniversary

Ian Jones, chairman of the Institute of Pharmacy Management International, welcomed delegates to its 18th weekend conference in Portmouth on October 21-23, saying that the event was important not solely because of its POM to P theme, but because it marked the 30th year of the organisation



Ian Jones

David Mitchell, divisional manager, Janssen pharmacy division (Janssen Pharmaceuticals), addressed the issue of POM to P switches from the manufacturer's view.

Pharmacists and pharmaceutical manufacturers must work together in partnership, he believed, so that the public could be provided with a high standard of health advice and quality medicines.

Mr Mitchell considered the country's demographics, saying they showed that by the year 2000 15 per cent of the population will be over 65 years of age (rising to 20 per cent by 2020). The figure currently stands at 14 per cent, which means the industry is faced with rising costs and decreased funding — a future which indicates growth in the OTC market.

However, Mr Mitchell did emphasise that while the OTC market is worth almost £1 billion at RSP, it only represents 20 per cent of the whole medicines market and therefore manufacturers will continue to concentrate on the prescription market.

OTC still attractive

But he did say that OTC remains attractive to manufacturers because it is a very active market: company buyouts, mergers, joint ventures, etc.

As a result, Mr Mitchell believes that there is a lot of 'power' in the marketplace and used the analogy of a steam engine. "But, if we want to get on board, which direction is it going in, and who's driving the train?" he asked.

If a company is to be successful in moving into OTC, it has to address all healthcare professionals: doctors, nurses and pharmacists. "Pharmacists have a vital role to play, and any company which ignores pharmacy, does so at its peril," he warned.

GPs, he said, were increasingly interested in OTCs. And they will want to be on board the OTC train, as will the Government in view of the drug bill running well ahead of inflation. Nurses too were important as they were routinely in contact with patients.

Manufacturers wishing to bring a product from POM to P need to address all three groups. A company needs to take sure its field sales force knows its market inside out. It also gives them training or



Janssen's David Mitchell

seek a partner who is already active in the marketplace. He believed more companies will opt for a move to a syndicated field force in the next few years.

So how can the company develop a relationship with pharmacists, doctors and nurses? Mr Mitchell asked. GPs must be informed of all the details of the switch, which will include indications, dosages, pack sizes and price. Mr Mitchell praised the way Bayer and Wellcome promoted their respective Canesten and Zovirax products in this way. He also endorsed the PAGB's OTC Directory as "spreading the good news" on OTC products.

Turning to the role of the pharmacist, Mr Mitchell believed that it was vital because, even if some patients are driven by a GP or advertising, the majority of cases will continue to go directly to the pharmacy. Companies need to give them education, training and support materials on their products. Their sales forces must also be capable of selling both the commercial and technical aspects of a product.

Nurses could be addressed by exhibiting at one or more of the many exhibitions and seminars that nursing organisations have each year, Mr Mitchell suggested. However, monitoring and measuring output can be difficult to record.

In conclusion, Mr Mitchell described the POM to P switch for a company as "a long journey", but with the right professional support and recommendation, "the journey should be smooth and eventually profitable".

Advertising key to OTC sales

Christine Thom, director of Taylor Nelson Healthcare, presented a survey.

She said OTC sales were on the up and were being driven by the recent POM to P changes (23 already in the UK). She commented that some of the new products (eg Tagamet) have had vast consumer spends behind them (£6.5 million), but that this would not be a regular feature in the future.

Ms Thom presented findings on smoking cessation products, which measured the amount of pharmacist involvement needed for these sales. In 1992 it was 17.2 per cent, in 1993 20.2 and in 1994 17.7.

Continued on p710



Taylor Nelson's Christine Thom

ARE YOU GETTING ENOUGH IRON + VITAMINS?

Many of us — especially women — run the risk of living beyond our limits when we compare our Iron expenditure with our actual Iron intake!

FLORADIX FORMULA and **FLORAVITAL (YEAST-FREE AND GLUTEN-FREE)** are vegetarian food supplements which provide an easily absorbable iron compound as well as vitamins, extracts of carefully selected herbs and fruit concentrates.

FLORADIX and FLORAVITAL —

Iron and Vitamin Insurance for Women, Expectant Mothers, Children, Elderly People, Athletes and Slimmers. Naturally, both formulas are free from alcohol, animal derivatives, synthetic additives, preservatives and colourings.



Available from AAH, Barclays and other wholesalers
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In the hay fever market, which is showing a 9 per cent growth on last year, Triludan was top in volume sales with 17.2 per cent, Piriton next with 12, Beconase with 8.5, Otrivine at 7.9 and Triludan Forte with 6.8. But the order changed for retail/value sales (which would influence a business decision): Triludan stayed top with 15.7 per cent, Beconase was now second with 13.6 and Triludan Forte came in third at 9.3.

On time involvement in the sale, Beconase needed the most at 34 per cent, while Sinex only needed 5 per cent.

In examining the indigestion market, she showed that in the first quarter of this year Pepcid AC attained a 13 per cent market share!

With regard to advice given in pharmacy, a survey which related to the sale of Beconase showed that only 2 per cent of pharmacists asked the medical history of the patient and she found this factor alarming.

On margins on the new switches, Taylor Nelson found them to be around 35 per cent, with the highest on Canesten at 41.9. On stock held, Canesten had the highest unit sale per week at 3.96 units and Tagamet the lowest at 2.05. Zovirax came in at 3.74 and a 3-4-week supply was held (Canesten two weeks, with Tagamet the longest at 6-7 weeks).

Findings confirmed that pharmacists said that margins were the most important factor when choosing to stock an OTC version product, with 48 per cent putting this first. Thirty-six per cent said more effective medicines were important; 34 said advertising; yet only 12 mentioned POS material.

The advantages pharmacists found in the POM to P switches were dominated by patient convenience. The disadvantages of product switches showed the reverse, she said. Twenty-two per cent said advertising caused a demand, 14 said it was open to abuse, 12 that it encouraged people to bypass GPs, while 10 thought more counselling would be required. Ten per cent also thought it cost more and 8 per cent thought it might mask more serious complaints.

Asked whether all the products that have changed from POM to P should have been, one-third said yes. The biggest reservation was for Tagamet at 62 per cent (the main reasons cited being interactions and side-effects).

When asked about the stocking of the forthcoming delisted products in December, reactions were mixed. Ninety-two per cent said they will stock Adcortyl or orabase, 81 will stock Zantac, but only 45 will stock Regaine and 40 Syntaris.

Ms Thom said the future would be affected by:

- assistant training protocols
- the proposed white list
- a review of free prescriptions
- patient paying cost of drug if less than the script charge
- the EU directive on herbal medicines.

Need for more clinical knowledge

John Purvis, senior lecturer in pharmacy practice and clinical pharmacy at the University of Bradford, examined the clinical implications of POM to P switches.

He said the promotion of the new OTC drugs caused a rise in patients coming into pharmacy, which increased the number of problems encountered.

Mr Purvis said pharmacists should consider what people do when they are sick — 45 per cent of people do nothing. Statistics showed that 52 per cent will consult a friend, yet only 16 will consult a pharmacist.

A pharmacist's clinical function should start with patients and their problems. "It is pivotal to the whole area of OTC usage," he said.

While the trend was towards more patients presenting in pharmacy, lots of problems still

go undiagnosed. He gave examples, such as 80 per cent of patients with hypertension; 52 with diabetes and 56 with rheumatoid arthritis. With more problems coming into pharmacy, there is a greater spectrum of pathology of which to take heed, he said.

He reviewed what information should be gathered from patients and believed that the current nemonic (2WHAM) restricts the amount of information received. He also emphasised how it was very easy to get factually incorrect information from a patient by a bad process of closed questions.

Mr Purvis highlighted that the patient's age was an often overlooked question, in that it can be diagnostically important because certain diseases cluster in certain age groups.

With regard to symptoms, he

said it was important to ask about: the onset, severity, exacerbating or relieving factors, associated symptoms, as well as asking if it was a first or repeat episode.

Questions to be asked about pain included type, site, spread and periodicity. He said that they were all important in putting the jigsaw together. Medical history was crucial too because many symptoms are drug induced.

Pitfalls he recommended to watch out for in interviewing included: a lack of a systematic interview, lack of clarification and being unresponsive to verbal and non-verbal cues. Too often pharmacists fail to remember that patient understanding can be very limited, eg the differentiation between a dry and tickly cough.

When it comes to prescribing, the pharmacist should consider:

- is it necessary?
- is it a 'good' preparation?
- are the benefits greater than the risks?
- is it the most appropriate choice?



Bradford University's John Purvis

A question of Catch 22

With more POM to P switches requiring more pharmacists to ask more questions, the Catch 22 is that interrogating customers can deter them, said Alison Williamson, commercial affairs manager at the Proprietary Association of Great Britain.

While advertising promoting POM to P products was welcomed by pharmacists, imparting detailed information was vital, and pharmacists were in the best place to do it.

PAGB research showed that consumer concerns in taking medicines were influenced by the idea that frequently taking something diminished its efficiency. Other consumer beliefs were that taking medicine might not treat the underlying cause and that it may slow the healing process.

Consumers are also unaware how long certain illnesses last. Indeed, research on taking OTC treatments showed consumers thought 3-5 days should be sufficient, while doctors thought 14 days more applicable. The PAGB was soon to address these issues in advertising campaigns.

Ms Williamson endorsed the idea that pharmacists should reassure consumers on the safety of OTC treatments, as well as endorsing the positive benefits in taking them.

Research also showed that while the public appreciated the pharmacist's expert knowledge of drugs, it does not see him in a diagnostic role.

PAGB research found that the public believed pharmacists do have the upper hand to GPs when it comes to giving information and advice. Doctors were seen to be condescending and patronising, while pharmacists were perceived as friendly and accessible. The public does not appreciate the 'checking' role of the pharmacist, said Ms Williamson.

Research also showed potentially 90 per cent of conditions presented at surgery could be handled by

non-prescription medicines.

Ms Williamson noted that the consumer needs to know about the ailments which can be treated OTC, and of the wide choice of products available.

She said that it should not be ignored that good display of medicines in-store did help sales. PAGB research showed that 80 per cent would be more likely to buy in pharmacy if they could see what was on offer, and over 80 per cent also said they would be more inclined to ask for advice.



Alison Williamson from the PAGB

There was the problem too that not all consumers welcome advice. Consumers are confident in their self-diagnosis, she said, and can be offended and embarrassed if challenged.

She noted that consumers do not discriminate between pharmacists and assistants (showing how well assistants were now being trained).

Ms Williamson saw an enhanced role for the pharmacist in the future, where the key to the competitive edge will be service. Other factors were: education of the consumer, more POM to P switches, new indications, untreated ailments, advice on healthcare, counselling on treatment and retailing.

Ms Williamson concluded: "Keep in mind the needs of your customers, and not those of the Consumers' Association."

Unnecessary prescribing occurs, he said, because of certain factors: poor assessment of the patient's symptoms; a lack of time; patient demand; and, he suggested, profit. Other questions to ask included: does it contain one or more ingredients of no real value (eg expectorants); and also badly designed drug combinations (eg a cough suppressant with an expectorant).

Mr Purvis described the process of choosing the right OTC product for the patient. The factors to be borne in mind were comparative effectiveness, hazards and cost.

Another factor was that a pharmacist should not lose sight of patient compliance. Pharmacists should encourage patients to come back and tell them how the treatment worked so that they can learn from the experience.

And with protocols on everyone's minds, he suggested that the main factors should be: clinical interview, referral, advice and product information (and in accessible language).

Mr Purvis also announced that Bradford University is to start a distance learning diploma from next October (1995) on 'Clinical Medicine for the Community Pharmacist'.

THE MAJOR NEW FLU LAUNCH FROM BENYLIN THAT'S DEFINITELY NOT TO BE SNIFFED AT.



Introducing a new remedy specifically formulated to combat all four major symptoms of flu. New Benylin Four Flu (Paracetamol, Diphenhydramine, Pseudoephedrine). Its powerful four way action is everything you'd expect from Britain's number one pharmacy cough/cold brand.*

- 1 It reduces fever.
- 2 It relieves body aches and pains.

- 3 It clears congestion.

- 4 It stops coughing.

And therefore aids restful sleep to speed recovery.

New Benylin Four Flu contains the full combination of ingredients necessary to fight the main symptoms of flu. And it will be sold through pharmacies only.

It will also be a popular remedy. Four million pounds is being invested in national TV advertising behind the Benylin name this winter.

New Benylin Four Flu. Four way action. Four million pounds. Fortunately coming your way.

*Source: Nielsen

Warner Wellcome

breviated product information. Presentation: Orange liquid and orange film coated tablets. Active ingredients: Liquid Each 20ml contains Diphenhydramine hydrochloride Ph Eur 10mg, Paracetamol Ph Eur 1000mg, Pseudoephedrine hydrochloride BP 45mg. Tablets Each tablet contains Diphenhydramine hydrochloride Ph Eur 12.5mg, Paracetamol Ph Eur 500mg, Pseudoephedrine hydrochloride BP 22.5mg. Indications: For the relief of symptoms associated with colds and flu, including coughing, fever, headaches, muscular aches and pains and congestion. Recommended dosage: The following doses are given four times a day. Liquid Adults, the elderly and children over 12 years, one 20ml dose. Children 6-12 years, one 10ml dose. Children under 6 years, not recommended. Tablets Adults, the elderly and children over 12 years, two tablets. Children 6-12 years, one tablet. Children under 6 years, not recommended. Warnings: Not to be taken by patients suffering from severe hypertension or severe hyperthyroidism or in patients with known hypersensitivity to any of the active ingredients. Use with caution in pregnancy and lactation, cardiovascular disease, hypertension, liver disease, static hypotension, renal disease, glaucoma or diabetes. Contains paracetamol - do not exceed the maximum stated dose. Patients should avoid any other product containing paracetamol whilst taking these medicines. These products may cause drowsiness. If affected do not drive or operate machinery. Avoid alcoholic drinks. Patients on MAOI therapy should avoid these products. Side effects are uncommon but may include skin rash, nausea, headache, dizziness, sedation, tachycardia and insomnia. Product Licence Numbers: Liquid 0018/0210, Tablets 0018/0209. PL Holder: Parke, Davis & Company. Distributed by Warner Wellcome Consumer Healthcare, Lambert Court, Chestnut Avenue, Eastleigh, Hampshire, SO53 3ZQ. RSP (Exc VAT): Liquid 200ml £3.23, Tablets 24 £2.89. Legal Category: P - Pharmacy Only. Date of preparation: 12.8.94

Binge brings down Mills

A Warley pharmacist who went on a drinking binge following the break-up of his marriage and was caught driving while more than four times over the limit, was struck off by the Statutory Committee of the Royal Pharmaceutical Society on October 19.

Ronald Mills, of Oldbury, Warley, West Midlands, spent the evening drinking a litre of wine and three-quarters of a bottle of brandy before driving off to answer a locum call out at around 7am on June 25, 1993.

The Statutory Committee heard how police were called to investigate reports of a man "dead in his car", but found Mr Mills sleeping soundly. He was roused by officers at around 11.30am and told them he had decided to take a break because of tiredness. They saw he had a flat tyre and he assured them he would call the AA before continuing his journey.

A few moments later, the policemen spotted Mr Mills getting into his car on the driver's side — nearly causing an accident as he carelessly opened the door — before driving off and causing another car to swerve and brake to avoid him.

When breathalysed, the lowest reading was 148mcg — over four times the legal limit of 35mcg.

At Birmingham magistrates court on August 12, last year, Mr Mills pleaded guilty to drink

driving and was banned for three years and ordered to pay a fine of £600 with £25 costs.

Mr Mills told the Committee that his wife had walked out on him for good only a few days before the offence was committed. Their marriage had disintegrated because he was unable to father any children and he had drunk because he was extremely depressed.

After the previous adjourned Statutory Committee hearing, Mr Mills continued working as a freelance locum, but was found in a dishevelled state when an inspector visited Bevington Pharmacy in Aston, on October 4.

Society inspector Gill Williams said in a statement that Mr Mills was in charge of the pharmacy and dispensing prescriptions, but he was unkempt, unshaven, with his hair uncombed. All his motions seemed slow and deliberate and his overall demeanour was poor.

She returned later in the afternoon and persuaded him to go home, after spotting him with a green bottle. She had earlier seen him going to the off-licence opposite.

A few days before this, a friend of Mr Mills, James Ashmore, allowed him to work in his outlet, Tividale Pharmacy, Tividale, Warley. "He was working very slowly, finding it hard to find the keys on the computer," Mr Ashmore said in a statement.

Joseph Mee, co-ordinator of the Sick Pharmacists Scheme, told the Committee: "There is drinking at work, mistakes at work and up until now, an unwillingness on Mr Mills' part to look at the problem." He told the hearing he felt Mr Mills should immediately undergo a drying out programme and not work for at least six months.

Agreeing with Mr Mee, Mr Mills said: "I have every intention of doing what he says."

Committee chairman Gary Flather QC told Mr Mills his name would be removed from the Register. "We agree with Mr Mee, the bullet has to be bitten now, something has to be done now." He told the pharmacist not to contemplate applying for restoration before attending an addiction clinic, and providing medical reports confirming he had beaten his addiction to alcohol.

He told Mr Mills the Committee was "deeply disturbed" by his apparent tolerance of the large quantities of drink and his apparent lack of insight. He also pointed out his dissatisfaction at Mr Mills' physical appearance and his slightly incoherent speech. Mr Flather asked him if he had a drink problem.

"I have received counselling and I went to a psychiatrist after the hearing at court, but I now do not drink more than 21 units a week," said Mr Mills.

Dispensing mix-up ends in warning

A pharmacist who mistakenly supplied incorrect drugs to several customers was reprimanded by the Royal Pharmaceutical Society's Statutory Committee on October 19.

Richard Thomas Platts, of Hartlepool, Cleveland, admitted mistakenly supplying a customer with the wrong prescription on February 4, 1993.

The Statutory Committee heard from its counsel, Josselyn Hill, that Mr Platts supplied 250mg capsules of Dipentum, instead of 25mg of Dantrium.

Mr Platts, who both owns a pharmacy at Brus Corner in Hartlepool and is superintendent pharmacist of R T Platts (Chemists), was convicted at Teesside magistrates court for the offence and ordered to pay costs totalling £1,250.

The Committee heard that the conviction came after complaints made by customers in July and August, 1992, which led to a Society inspector visiting the Brus Corner premises and recommending that Mr Platts tighten up delivery and prescription procedures to avoid further error. The errors, Mr Hill told the hearing, involved a patient having the wrong medicine delivered while the other case concerned the dispensing of six boxes of tablets of which only one was correctly labelled.

As a result of the inspector's recommendations, certain procedures were implemented. Documentation covering the delivery procedure was introduced as well as a checking system, by which all prescriptions were to be double-checked, David Reissner, acting for Mr Platts, explained.

However, when asked how the most recent prescription error occurred, Mr Platts replied that he could find no explanation except his human error.

Committee chairman Gary Flather QC was keen to establish where the error had actually occurred. Mr Platts told the hearing that tablets were stored in alphabetical order, which would have made it easy to mix up Dantrium and Dipentum tablets. The system had since changed. Mr Platts assured the hearing.

The Committee urged Mr Platts to employ a part-time pharmacist. "There are grounds for concern, because the amount of scripts is twice the national average, and the delivery service running up to 65 deliveries a day would stretch any commercial organisation and open it to risk that something may slip somewhere along the line," said Mr Flather.

Struck off for alcohol abuse

A Worthing pharmacist, who was ordered out of three local pharmacies after turning up for work drunk, has been struck off by the Royal Pharmaceutical Society's Statutory Committee.

On October 20, the Committee found freelance locum pharmacist Anthony Dawson guilty of such misconduct as to make him unfit to practise.

Mr Dawson faced three complaints about alcohol.

The first arose from an incident on October 16, 1992, when acting as a locum at N A Chemists, Guildbourne Centre, Worthing. It is alleged that he smelled of drink in the pharmacy, acted slowly and from 1-2pm was, or appeared to be, asleep.

Josselyn Hill, representing the Society, said: "He left the pharmacy at 2pm to go to another pharmacy owned by the company and took some time to turn up. He returned at 4.15pm to the Centre smelling more strongly of drink. The pharmacy assistant told him to go home because he was incapable."

The second occasion for complaint was on January 7, 1993, when Mr Dawson arrived at the Vantage Pharmacy, Worth-

ing. During the afternoon he spent long periods in the toilet, appeared flushed and confused, and smelled of drink.

"Eventually, the sales assistant believed he was incapable of dispensing and had to turn away customers with prescriptions, telling them Mr Dawson was ill. The assistant saw cans of lager and tried to talk to Mr Dawson, but he did not answer. He was sitting on a stool with his eyes shut," said Mr Hill.

The third complaint arose on December 7, 1993. Mr Dawson was to work as a locum in N A Chemists in South Street, Worthing. He arrived smelling of urine, dishevelled, unshaven and muttering to himself. He was asked to go home and clean up. While he was away, a customer brought back a prescription for Adalat Retard 20, which had been wrongly dispensed as Adalat Retard 10.

Mr Dawson returned smelling of drink and seemed to the assistant drunk in his speech and movement. He was asked to leave. Eventually, when he did not leave, the police were called and he did leave, said Mr Hill.

The Committee heard from

pharmacy assistant Caroline Miller, who worked at the Guildbourne Centre shop, how when Mr Dawson arrived, he told her his wife had left him.

Committee chairman Gary Flather QC told him that they would not consider an application for re-instatement within nine months. Any application after that would have to satisfy three basic conditions:

- he would have to attend the Sick Pharmacists Scheme, as and when required, and would have to attend Alcoholics Anonymous
- the Committee would also expect a medical report
- he must immediately cease working in pharmacy

Announcing the decision, Mr Flather said Mr Dawson had been a danger to the public in the state he had been in. "We are hoping and trusting that you will make it and we are reasonably confident," said Mr Flather. "We don't want you to give up. We think that this is the beginning for you as far as your career is concerned."

However, he warned Mr Dawson that a breach of any of the conditions would mean that the matter would be remitted to the Committee for final disposal.

Focus on patients is the American message

The 9th Young Pharmacists' Group AGM took the D-Day landings as its theme, heralding a new beginning for the profession. But would this mean following the lead of our wartime allies, the Americans, or devising a new way forward with two of the profession's harshest critics, Dr David Roberts and Dr Philip Brown?

Pharmacists have to get the message across that their role is changing. No longer are they concerned with drug distribution and costs, but rather they are involved in the whole healthcare arena of patient focused care, said Nancy Russillo of Medco Containment Services.

While the US and UK healthcare systems differ greatly, Ms Russillo highlighted the similar pressures both professions are under to switch from their traditional, dispensing roles. In both instances this change in emphasis has been prompted by respective increases in Government expenditure on healthcare, which in turn has changed the way healthcare is reimbursed.

The US has also seen the rise of pharmacy benefit management organisations. These provide drug benefit management programmes on behalf of healthcare purchasers.

In the 1980s, PBMs' primary focus was in drug cost containment. But in the 1990s, this expanded to look at how to manage drug-related patient outcomes. This new approach ensures that PBM managed care is more consistent with the concept of pharmaceutical care. "It's focused on the outcomes of management," said Ms Russillo.

Future challenge

"We can be our own worst enemy!" she warned. To take the profession forward, pharmacists must leave behind their traditional dispensing role. "We need to develop a much more systematic process to determine appropriate therapy outcomes," she added. Ms Russillo believed

pharmacists need to become more active in:

- developing drug therapy guidelines
- documenting drug-related problems and the success of pharmacist intervention — one study examined the effect of five pharmacists' interventions on 6,000 prescriptions. Some \$20,795 was saved through 47 interventions
- defining appropriate patient outcomes
- creating the proper physical environment to encourage pharmaceutical healthcare provision
- gaining reimbursement for pharmaceutical care services. In the US, the first scheme to offer pharmacists payment for counselling, and recommending

therapy to, patients in an asthma management programme was devised by Medco.

Mail order

Medco is one of 11 companies involved in mail order pharmacy in the US, and, naturally, AGM attendees were concerned about this method's patient benefits and its appropriateness in the UK.

Ms Russillo pointed out that mail order is a voluntary option. "It's been around for many years, yet only accounts for 10 per cent of prescriptions."

She placated fears that mail order adversely affects the traditional role of pharmacists. "It's focused on maintenance medication so there is still a



Medco's Nancy Russillo

role for pharmacists. It hardly affects [the traditional role of the pharmacist]."

Society unsure of future vision

"I don't think that, at the present, we are quite clear what the end point [of a strategy for the future of managed care in the UK] is going to be," said the Royal Pharmaceutical Society's head of practice, Roger Odd, at the traditional AGM question time.

Following on from Nancy Russillo of Medco's talk on managed care in the US, question time kicked off with Andy Platten asking: "Is managed care the way forward for the NHS and how does it affect the relationship between the pharmaceutical industry and the NHS?"

Mr Odd admitted there is a need for a coherent structure of managed care. "The Society should be one of the leading

out: "Many of these [managed care] initiatives are in fact in place in the UK, especially in Scotland."

Nick Barber, professor in pharmacy practice at the London School of Pharmacy, agreed: "What we have in the UK is really a managed care system that works quite well.

The difference is how it is managed."

Peter Joshua, head of pharmacy relations at Glaxo, outlined the industry's view. "The people who will benefit are the people who will pay for healthcare." But he admitted

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The Society's Roger Odd

players in the field, trying to harness these things together."

Attendee Mark Koziol, chairman of the YPG's democratic workings of the Society working party, responded: "What is horrifying is that the Society does not have the aim and direction that we should be heading in."

However, Arthur Williams, president of the Guild of Hospital Pharmacists, pointed

Xtra beats

This Christmas

Duracell will be

making a big noise

about its longest

lasting battery yet





YPG president Arthur Williams

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that there was a big question mark over whether the pharmaceutical industry needs to be directly involved.

Chairwoman Alison Blenkinsopp, director of the Centre for Postgraduate Pharmacy Education, informed the audience that the Society's Council is to have a two-day strategy meeting.

- Rob Darracott of the Department of Health asked the panel to look into the future: "It's February, 1995 and *Which? Way to Health* has a new study looking at pharmacy OTC advice. The result is the usual litany of poor advice. What response should the Society give the media?"

"Accentuate the positive and not continue to defend the

indefensible," said Peter Joshua. He also advised taking professional PR advice.

Roger Odd took a pragmatic approach. "Whatever we try to do, we will not stop these surveys occurring." The real task is to get the message



Glaxo's Peter Joshua

across at local level, making it clear why pharmacists need to ask questions. "If we can get that message across, it does not matter what the Consumers' Association [publisher of *Which?*] says," he added.

Arthur Williams thought the issue needed to be examined from a wider context. "We should look at the whole OTC thing and my advice is to do studies on their impact on healthcare," he said. Mr Williams is involved in such a study in the Grampian region.



Nick Barber from London SOP

Alison Blenkinsopp believed the CA has every right to criticise pharmacy services.

Audience member Julian Ashley, YPG's PR officer, highlighted the positive benefits of these surveys in weeding out what the profession is failing in.

However, Nick Barber pointed out that many of *Which?*'s pharmaceutical advisors felt the most recent article misrepresented the findings.

- Council member Peter Curphay raised the hardy perennial: "Should mandatory continuing education be linked to the right to practice?"

Peter Joshua decided probably not: "The future will lie in the hands of people who can offer the best services. Those who do not keep up will fritter away."

Nick Barber also believed that the poorer ones will go to the

wall. "The question is: do those who do not keep up pose a danger?"

Arthur Williams also opposed mandatory continuing education in favour of a climate which encouraged "maintaining our professional development to be as normal as eating and breathing".

The only dissenting voice belonged to Roger Odd: "Speaking personally, it should be mandatory. It is important to demonstrate to the public that the professionals who practise are well up to date." A straw poll of audience members revealed 25 agreed with Mr Odd, while 16 disagreed.

Find a new agenda, says Brown

"Pharmacy is becoming deprofessionalised and deskilled," said Dr Philip Brown, editor of *Scrip*.

But it's not just pharmacy that has a problem, it's also wholesalers and the entire pharmaceutical industry that needs to change to meet new healthcare demands. At the moment, neither pharmacists nor the pharmaceutical industry has an idea of where it is going, he said.

"We have got to sit round a table and devise something new, it's that kind of fight," he believed. It may be that highly-qualified pharmacists will have to play a different role. Like Dr David Roberts, Dr Brown could see a future where the pharmacist works more closely with GPs, selecting the most cost-effective therapy for patients.

"This would not only be a far more fulfilling professional role for the pharmacist, but it would also be a key role in ensuring that prescribing was fully integrated into managed care," he said.

Roberts goes over the top, but refuses to apologise

Dr David Roberts, chairman of the Dispensing Doctors Association, refused to apologise to delegates at the YPG AGM for his letter published in *C&D* (September 17, p380) in which he likened pharmacists to "sewer rats".

However, he did apologise for a statement in his AGM speech circulated to delegates, taking the theme of the battle of El Alamein. "I will apologise for the cannon-fodder

sewer rats] was a way I was going to raise the temperature to get the matter debated at the BMA Council. My remark was perhaps over the top, but it was a debating point," he admitted.

Many delegates felt Dr Roberts had done nothing to help his cause. "You have brought the medical profession into disrepute with your comments," said Andrew Burr.

Sue Sharpe, head of the Society's law department, found Dr Roberts' cannon-fodder analogy very apt, as it likened him to a cannon. "It is antiquated, a lump of base metal and notoriously inaccurate in aim," she added.

However, there is unlikely to be any complete throwing away of Dr Roberts' ammunition until the Clothier loophole is closed. "I have no respect for the PSNC which is inciting people to leap through a loophole," he opined.

David Sharpe, PSNC chairman, corrected him, saying his remarks were "quite erroneous". But Mr Sharpe also thanked him for his comments. "I hope I never have to disassociate myself from remarks made by my colleagues."

But there may be signs of an entente cordiale between the two professions. Dr Roberts said he has "enormous respect for professional pharmacists". And he admitted: "Perhaps there

should be less inflammatory remarks between the two professions."

He outlined his vision for the future of pharmacy. "I would hope pharmacy becomes much less dependent on the merchandising and much more dependent on the professional side. And that it will become closer to the surgery."

Call for end of Council voting secrecy

A record of the Royal Pharmaceutical Society's Council voting processes should be made known to the membership, says the YPG's democratic workings of the Society working party.

As part of the YPG's aim to secure a more open and democratic Society, it is also demanding that Council candidates standing for re-election reveal their voting patterns over the past three years within their biographical details in the Council policy statement booklet. Mark Koziol, working party chairman, pointed out that Council members can speak one way on an issue, but vote the opposite.

In the past, the Society has said that recording the names at votes is too long a procedure and minimises the amount of time that Council can spend on

other issues. Reserving the right to record the voting only on serious issues would be practicable, argued Mr Koziol. However, as Council member Peter Curphay pointed out, the motion needed to be tightened up as, as it stands, it leaves the Council to decide which issues are important.

There were calls to take the motion further and push for full reform of the Society's democratic systems. However, the YPG felt its aims are best achieved as a process of evolution. "The only way we are going to be able to do this is in small steps," advised YPG PR officer Julian Ashley.

The YPG has already achieved success in getting the Society to examine ways of setting up a hustings for next year's Council election. The YPG has run a hustings for the past two years.



Dr David Roberts

comment as that was to do with El Alamein," he conceded. However, despite pressure from YPG chairman Andrew Burr, no such apology was forthcoming for the "sewer rats" remark.

"This [likening pharmacists to

Pharmacists' role in drug abuse 'critical'

The National Pharmaceutical Association's one-day conference, 'Drugs and the Law', brought delegates from the healthcare, police and prison sectors together to debate the growing problem of drug abuse under the chairmanship of the Royal Pharmaceutical Society's president, Ann Lewis

"I think there is a critical role for pharmacists [in the area of substance abuse]," said Mike Goodman, director of the drugs and legal advice service Release.

Mr Goodman was responding to a point raised by Liverpool community pharmacist Jeremy Clitheroe. Pharmacists running needle exchange schemes often have access to patients who don't use other drug services. "When I refer them to an agency they get put on a list and revert to crime to get supplies," revealed Mr Clitheroe.

Mr Goodman believed that GPs should be encouraged to prescribe for addicts via a system of incentives. "When we increase the number of prescribing GPs, this will have a knock-on effect on pharmacists." A lessening of the

mechanisms for controlling drugs will also have to be considered. "For example, the daily visits to the pharmacy," he added.

Dr John Marks, consultant psychiatrist at the Widnes drug clinic, had a more radical use of pharmacists. "A Section Seven licence under the Misuse of Drugs Act 1971 allows a rationing of drugs, but it does not say that doctors have to be the licensees, so it could be

pharmacists," he offered. But he wondered what other attendees thought.

Community pharmacist Martin Gibson said he would be "happy to supply patients with heroin filled syringes". But NPA director Tim Astill believed that asking pharmacists if they were prepared to act as a controlled distribution point would result in "a wide spectrum of responses. I imagine it would be done on a voluntary basis".

NPA gets Scottish support

The NPA has garnered the support of the chairman of the Scottish Affairs Committee in its push to make water for injections a GSL product.

NPA director Tim Astill said:

Decriminalise cannabis, demands McKelvie

The Government should "grasp the nettle" and decriminalise cannabis, said William McKelvie MP, chairman of the Scottish Affairs Committee.

"I firmly believe that this is the way to progress. But if we were to legalise cannabis it can only be done by international agreement," he said. An international approach would solve the problem of user migration experienced in other countries where it has been decriminalised. Or as Dr John Marks, consultant psychiatrist at the Widnes drug clinic, termed it: "The honey pot effect."

Under the law as it stands, cannabis use attracts a criminal consequence, placing it in the same league as opiates, said Mr McKelvie. "We have to move towards legalisation to get people to understand that a soft drug like cannabis is not the end of the world, but the beginning of the fight against those who make a profit from it," he added.

Mike Goodman, director of the drugs and legal advice organisation Release, agreed. "Those of us who are looking for decriminalisation [of all drugs] are talking of different systems of control and regulation which may be done at different levels." Cannabis may be suitable for a free market approach, like alcohol, but other drugs may require drug pubs/clubs or a ration card. But, overall, there was no simplistic solution, he said.

Pharmacies should be the right place of sale, said Anthony Henman, director of Drug Reform, an organisation concerned with changing the legal status of drugs. However, this may not be suitable for all

drugs. "Pharmacies would be great for certain substances, but for opiates I would like to see opium dens where there is consumption on the premises," he said.

Detective chief inspector Alan Green of the Royal Ulster Constabulary argued the issue was not about legalisation. "The police are not interested in prosecuting people who take drugs, they are interested in prosecuting traffickers."

But not everyone looked favourably upon cannabis. Judge Eric Crowther cited medical evidence of the dangers of the drug: cannabis smokers develop cancer ten to 15 years earlier than we might expect. He was in favour of re-classifying it a Class A drug.

However, a member of the Greater Manchester Police disagreed. "If you want to see crime escalate out of control, then make it a Class A drug."

Despite the increasing pressure from certain police and political party members recently, it is unlikely that there will be any change in the law.

The Government has stressed in its Green Paper published last week, 'Tackling Drugs Together', that there will be no legalisation of any banned drugs. Tony Newton MP, Lord President of the Privy Council and Leader of the House of Commons, says the Government's view is that "it would send out the wrong signals in the fight we are intending to conduct".

- The conference was organised by Laing & Buisson and the NPA, sponsored by the Wellcome Foundation, Charles Russell Solicitors and BDP Stoy Hayward.

"Sterile water for injections is classified as a POM, so addicts use tap water or, worse, water from the streets." The NPA has pressed for water for injections to be available through pharmacies, but to no avail.

William McKelvie MP, chairman of the SAC, said he would be "happy" to support the NPA's representations to the Government, but feared little success.

"The problem is in getting the Government to accept why they need to [deregulate the product]," he said.



Xtra flashes

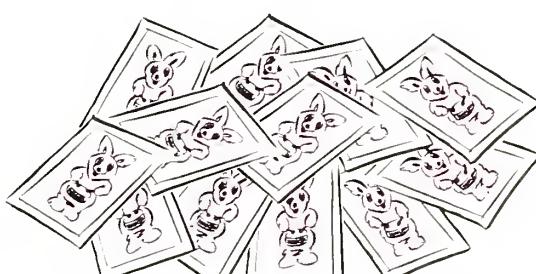
With a

£ 10 million

support package

it will sell

in a flash



News from Germany

Mail order counter-offensive

ABDA, the umbrella organisation of German pharmacists, has instituted a wide-ranging PR campaign in support of pharmacies following calls from some consumer organisations and health insurance schemes for mail order pharmacy for the chronically ill, the supply of drugs by health insurers, the extension of dispensing by doctors and for the lifting of Pharmacy-only restrictions on many medicines.

The campaign, which aims to boost the advisory role of the pharmacist on medicines and health, started with the distribution of 20,000 posters for display in pharmacies showing a cartoon of a man sneezing into a handkerchief and asking 'Which is the road to health please?', with the answer 'Your pharmacist knows the way. Actions, side-effects, correct use of prescribed drugs and self-medication — In your pharmacy, you receive the best advice'.

A million telephone cards have been printed with the same message and editors of newspapers and magazines have been sent briefings. In the middle of September, some 200 radio stations received a CD containing nine transmission-ready reports on the advice pharmacists can offer.

The final part of the first wave of this PR blitz is to urge pharmacists to buy name tags bearing the campaign slogan, so as to foster personal contact with customers. Future plans, which include adverts in the press and TV spots, depend on the willingness of pharmacists dip into their pockets — they are being asked to contribute one Deutschmark (about 40p) per pharmacy per day.

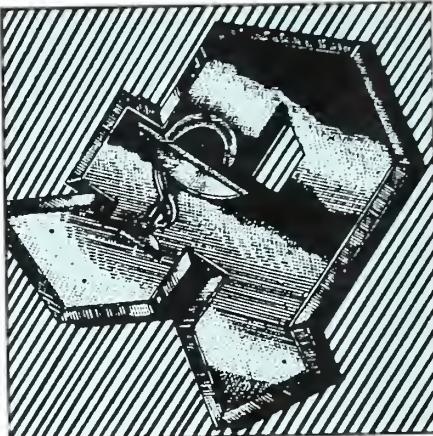
Better the devil you know ...

German pharmacists will be relieved to see Chancellor Kohl re-elected, albeit with a greatly reduced majority, if only because it means that anaesthetist and former athlete Heidi Schueler, shadow minister for health in the SPD, will not take over this portfolio.

To the fury of pharmacists, she had questioned the very need for their existence, asserting that they represented increasingly expensive middlemen between the drug companies, wholesalers and patients, who nowadays rarely utilised their unique skills to concoct their own medicines!

In appearance, she declared, German pharmacies were becoming more and more like drugstores. These unfortunate statements, described by the leader of German pharmacists as displaying ignorance, impertinence and prejudice, led to calls to her party boss to repudiate these views and dismiss her!

The party manifestos contained little specific about future policies on pharmacy. The CDU/CSU confined itself to declaring any further health reforms would not hurt the poor or families, or cause a two-class



system of medicine. A law for protecting the dignity of human life was promised to deal with euthanasia, organ transplants and embryo research, while no legalisation of narcotics was planned.

The SPD wanted any new health minister to ensure better quality and consumer protection in matters of health, and was against any further rises in insurance contributions, reductions in cover or any "privatisation of health risks". The FDP appeared to be in full agreement with ABDA's views on the future of pharmacy.

A survey in April this year showed that nearly three-quarters of pharmacists questioned would have voted for the ruling conservative-liberal coalition, despite being disgruntled about health funding reforms.

Futuristic pharmacies

A competition for architecture students to design the pharmacy of the future produced results that were probably beyond the wildest imaginings of the sponsors (a regional branch of pharmacists, several pharmaceutical companies and the publishers of a pharmaceutical weekly).

Predictably short on practicality, but long on symbolism, the competition attracted some 35 entries, nine of which were awarded prizes. After learning about the basic requirements of a German pharmacy and being told of the increasing importance of communication between staff and customers as self-medication expands, the students were given one term in which to design a pharmacy as the future centre for health.

The resulting designs ranged from those of a temple-like character, with a large central counter for communion between the pharmacist priest and the customer, set in an inner, virtually empty, sanctum surrounded by side chapels with extensive display shelves, to a drive-in pharmacy where OTC products could be obtained from vending machines, but where the customer could call for advice if it was required.

In one hi-tech concept, products were delivered to the counter by pneumatic tube, allowing the customer to receive the undivided attention of the pharmacist. In another design, the sales area was entered through a column that divided as the customer approached. Small counters in the

circular sales area, surrounded by a sort of copper wire cage, were concentrically arranged around a central fountain lit from above. Drugs were stored behind this room in imposing treasure chests on wheels. The dispensary was just visible from the sales area at the top of some shallow steps, through an opening in a dividing wall.

The winning entry was based on a metaphorical forest. The trees, simple wooden columns in a darkened area through which only the pharmacist could pass to reach POM, contrasted with a 'clearing' consisting of a brightly-lit, self-selection zone where advice and service was available at small tables that could be pulled out from the wall when required. The floorcovering was cushioned, coarse rubber to simulate the soft, comforting forest floor.

Overall, far from suggesting that the public thinks pharmacies should shed their somewhat authoritarian, clinical image and become more like a supermarket, the competition seemed to indicate that these architecture students regarded pharmacies as supplying mysterious products worthy of special, even awe-inspiring treatment that needed to be reflected in their layout.

Open the (Pharma)box

An electronic mailbox, called Pharmabox, started by a German computer enthusiast and pharmacist, is intended to act as a medium for the exchange of news, views, information and computer programs between pharmacists.

The current range of notice boards includes requests for, and offers of help in obtaining, uncommon pharmaceutical products, warnings of fraudulent prescriptions, information about re-imports, lists of computers suitable for use in pharmacies, books of interest to pharmacists and a software-hardware 'flea market'.

The mailbox also includes a pharmacy software demo, public domain pharmacy software, a computer virus detection program and about 600Mb of current shareware and public domain software that can be downloaded. The mailbox operates at baud rates of 2,040 to 28,800 and the organiser offers help on setting up and using modems.

Greening up

A pharmacist in the centre of Stuttgart was so fed up with the litter and dog excrement on a neglected grass verge outside his shop that he replanted the area — to the scepticism of the city authorities — with medicinal plants. Not only have the cigarette stubs, discarded parking tickets and dog dirt disappeared, but he has been delighted and surprised by the enormous interest his herb garden has created and the new customers it has drawn to his pharmacy.

These reports come from a correspondent with acknowledgements to the German pharmaceutical press: *Deutsche Apotheke Zeitung* and *Pharmaceutische Zeitung*

Businessnews

SB sheds HQ jobs

Smithkline Beecham is shedding a fifth of the workforce at its UK pharmaceutical headquarters by Christmas.

Eighty staff will go from the company's Welwyn Garden City site in Hertfordshire, leaving 320 still employed there.

Job cuts will be "trimmed" across the board, affecting sales, marketing, medical information, catering, security and adminis-

stration functions, says a spokesman. Staff have been informed of the decision.

This scaling down of operations at Welwyn is the latest in a series of announcements. This time last year, the company said it would be relocating pharmaceutical R&D to Harlow (C&D November 6, 1993, p822). Before that, production was moved to Crawley, West Sussex.

Unichem rights issue undersubscribed

Unichem's six for one rights issue was undersubscribed, but institutional investors made up the shortfall.

Some 85.27 per cent of the new ordinary shares on offer were taken up by 3pm on October 19 — 20,832,491 at 245p each. The remainder — 3,598,305 — were sold to institutions through joint underwriters BZW and UBS at 268p.

Those shareholders who did not take up the original offer will receive a premium, according to UBS's Robin Henshall. They will receive 23p for every six shares they own. This 23p is the

difference between the 268p price and the original 245p. But the payout will only be made if the sum is over £3.

The latest time for registration of renunciation of fully paid allotment letters is 3pm on November 9.

• Unichem has announced three changes to its senior management.

Kelvin Hide is now commercial director for the whole group and fills the position left vacant since Bill Hart retired. Mr Hide, previously operations director, will stay in charge of the pharmaceutical wholesaling businesses in Portugal, in addition to his new responsibilities.

Chris Etherington moves up to become the wholesaling division's director of operations, while Keith Slater is now the division's head of management services.

Boots' bright idea to save £7m

Boots the Chemists hopes to save £7 million over the next eight years by installing a new low-energy lighting system in some of its larger stores.

One hundred and twenty outlets have benefited from the new lighting, which is expected to slash electricity bills by over £1m in the first 18 months.

Replacing the old-style lighting has already cost the company £2.5m, but future savings are set to outstrip the replacement costs, says Boots.

The new lighting can be dimmed automatically for different trading conditions and is set at 20 per cent of the full level after hours, when the store is being cleaned and serviced.



Kumark wholesaler Mawdsley-Brooks has appointed two new members to the board. Mike Howard (right) is now operations director after five years with the company. Pharmacist John Davies (left) strengthens the customer services department with his appointment as retail services director. Before joining Mawdsley's on a full-time basis, Mr Davies was director of a retail pharmacy chain and worked as a consultant to Mawdsley's in dispensary computer development.

Scotia signs up French partner

The maker of Efamol, Scotia Pharmaceuticals, has signed a deal with French company Héliosynthèse to produce commercial quantities of polyunsaturated fatty acids.

The intention is to harvest PUFAs from micro algae grown in photobioreactors on the French and Scottish coasts.

PUFAs, in the form of DHA and EPA, are currently sourced from fish oil.

Under a technical agreement signed last week, the two companies hope to develop a new generation of pharmaceutical and nutritional products.

Scotia's current research programme suggests that PUFAs, such as docosahexaenoic acid (DHA) and eicosapentaenoic (EPA), may have potential in treating a range of diseases.

The first products to be manufactured are likely to be nutritional supplements, such as infant formulae which have been shown to be deficient in EFA, DHA and metabolite arachidonic acid in comparison to mother's milk.

Norton goes overseas

Norton Healthcare's generics will be available in mainland Europe after a joint venture with German giant BASF is signed.

Norton's US parent company, Ivax, hopes to set up the venture with BASF's drug subsidiary, Knoll. The new company will have a combined portfolio of at least 230 generics that will initially be sold in Germany. There are no plans to extend the venture at the moment.

Earlier this month Knoll bought rights to 80 generics from Hexal Pharma.

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United Drug expands deliveries in Eire

Dublin-based distributor United Drug has signed two new contracts to deliver pharmaceuticals in the Republic of Ireland.

The most recent is with Bristol Myers Squibb, which used to handle its own distribution.

Since September 1, United has been distributing BMS's ethical, wound care and stoma products to the Republic's 15 wholesalers, plus hospitals and pharmacies. This is on an on-going rather than a fixed-term contract, says United's marketing director, David Butler. BMS will, however, continue to use its own sales force to detail pharmacies.

Shortly before United struck the BMS deal, its consumer division, Pemberton Marketing, signed up Rhône-Poulenc Rorer.

Pemberton now distributes all of RPR's products, including

ethicals, despite being a consumer products division. Under this arrangement, United's own pharmacy sales force will detail retailers, leaving RPR's to concentrate on GPs.

Mr Butler says the trend away from self-distribution is continuing in the Republic. But Wellcome, Glaxo and Warner-Lambert still deliver their own products, he adds.



United Drug's chief executive, Jerry Liston (left), signs the contract with Bristol Myers Squibb Pharmaceutical's md, Michael Dempsey

Coming Events

Scots look at employment law updates

The Scottish Pharmaceutical Federation is teaming up with the National Pharmaceutical Association for a series of updates on employment law and training requirements.

Among the topics the NPA's personnel and administration manager, Valda Elson, will cover are recent changes in maternity law, the law concerning part-timers and new protocol and training requirements.

The talks are on November 7 at Kingsmill Hotel, Culcavock Road, Inverness; November 8 at the Lovat Hotel, Glasgow Road, Perth; November 9 at the Fenwick Hotel, A77 Ayr Road, Fenwick, near Kilmarnock; and November 10, the Forth Bridges Moat House, South Queensferry, Edinburgh. Arrangements for a January 9 presentation in Aberdeen have yet to be finalised.

A buffet will be served at 7pm with the meetings starting at 7.30pm each evening. Details on 041 221 1235.

BPSA annual conference

The British Pharmaceutical Students' Association is holding its 53rd annual conference in Bradford on April 2-9, 1995.

For details and an application form contact Grant Irlam at 17 Heather Road, Heswall, Wirral, Merseyside L60 5SY.

World Ski Cup for Doctors and Pharmacists

The next World Ski Cup for Doctors and Pharmacists will be held in Courchevel, France, from March 18-25, 1995.

The pharmacists' races start on March 21 with a Super G; other events are giant, special and parallel slalom and cross-country. There is a handling fee of FF500.

Seven- and four-night half-board deals, including lift passes,

are available in a range of hotels or apartments. There will also be a scientific programme and gala dinners.

Bookings for the races should be sent to Yves Lecaillon, Mas Bousseills, F-66400 Céret, France. Hotel bookings should go to Courchevel Reservation, BP 33 — La Croisette, F-73122 Courchevel, France (fax: 010 33 79083354).

Tuesday, November 1

Northern Scottish Branch, RPSGB. at the Craigmone Hotel, Inverness. 8pm. 'Your Role in Asthma Management' by Mr Alan Bickett, Glaxo Pharmaceuticals.

Wednesday, November 2

Sheffield Branch, RPSGB. at the Jessop Hospital for Women. 7.30 for 8pm (buffet). 'Looking after Edna' by Andrew Burr, Chairman of the Young Pharmacists' Group.

Saturday, November 5

Glasgow and West of Scotland Branch, RPSGB. at the Hilton Hotel, Glasgow. Glasgow Pharmacy Charity Ball in aid of the Prince and Princess of Wales Hospice, Glasgow.

Advance information

The Rural Pharmacists Association AGM at the RPSGB headquarters, Lambeth High Street, London, Room 110, November 3 at 2pm. Details from Dennis Millington, tel: 0822 853515.

UKCPA autumn meeting will be held in the Moat House Hotel, Bournemouth, November 4-6. Details from L A Goldberg, tel: 061 787 5651.

National Association of Senior Pharmacy Managers & Advisors annual conference at the RPSGB's HQ on November 17, 10.15-3.30pm.

Excellent shortlist

Three independent pharmacies have been shortlisted to win a top retailer award run in conjunction with *Chemist & Druggist*.

Armstrong and Dwyer of Worksop, A S Facer of Preston and Daly's Chemist in Coleraine will be slugging it out for top prize in the pharmacy sector of the Natwest Streamline Independent Retailer Excellence Awards.

They will go forward to the finals on November 24 at the Savoy Hotel in London, where judges will assess them on merchandising and promotion, staff training, business management, customer care, and the use of technology.

The winner of the pharmacy category will then be pitted against other independent retailers to win the overall prize — £1,000 cash, a weekend break voucher and an electronic card processing terminal.

Analgesics on display

Merchandising Pharmacy-only and GSL analgesics together behind the counter brought in the highest sales and profits, according to a Crookes Healthcare study. Putting GSL analgesics on general display had no significant advantages.

The study involved seven independent pharmacies in the Midlands area who varied their displays over a ten-week period.

One area that pharmacists could capitalise on is paracetamol/codeine combination products that are "performing exceptionally well in profit conversion terms", the study found. Ring Crookes Healthcare on 0602 507431 for further details.

Kodak Express

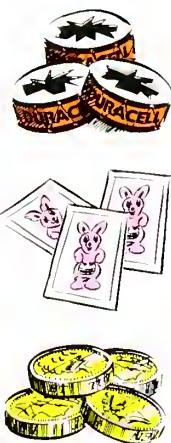
Kodak Express photographic paper, chemicals and other disposables will be available through Sangers from early 1995. But POS material will still come direct from Kodak.

Satisfactory sales

September sales in the 'chemist and beauty' sector were "reasonably satisfactory", says the British Retail Consortium. There was some growth in medicines, while sales of cosmetics, toiletries and fragrances grew steadily over last year.

OTCs in France

A report on the French OTC market is available from James Dudley Management. For details of 'Self-medication in France, a Strategic Analysis of Unfolding Change', price £1,295, ring 0949 525385.



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Saro Dissanayake, Chief Pharmacy Technician on 071-380-9039
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For application forms and job packs, please contact the Personnel Department, The Middlesex Hospital, Mortimer Street, London WIN 8AA.

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About people

Life in the fast lane

At weekends Rob Alman swaps his white coat for a crash helmet and flame-proof suit to risk all on a high-speed race track.

Mr Alman, pharmacist and owner of Woodside Pharmacy in Telford, Shropshire, has just



finished his first season of motor racing in the Ford XR2 Challenge, organised by the British Racing & Sports Car Club.

He came 19th out of 32 participants in the last race of the season, held earlier this month at Oulton Park. This was Mr Alman's eighth race so far.

He became interested in the sport after attending several races in the last two years as an observer. He then decided to sign up for a one-day introductory course run by Brands Hatch Leisure, to get first-hand experience of racing.

Mr Alman says: "It is used as a fun day by most people to see if they can handle a car at speed."

But his enthusiasm did not stop there. He went back to attend the racing school, applied for a licence and bought himself a Ford Fiesta XR2 racing car, ready to take part in the gruelling Ford XR2 Challenge.

Although speeds of up to 110mph are reached, there are several safety modifications built into the cars, including a lowered suspension; a steel bar cage to protect the occupant, and the removal of all seats except the driver's.

"This Fiesta is very strong and you have to do something pretty severe before you get hurt," says Mr Alman. His worst accident to date was at Castle Combe when his engine blew up.

He admits racing is an expensive sport, having spent around £700 on repairs and £6,000 in total so far. He is now looking for sponsorship, which will go towards improving the car to get it to a competitive standard for next season.

"I'm happy with my performance so far, but want to do better next year. If I get into the top ten I will be more than pleased," says Mr Alman.

New reporter on C&D

Fawz Farhan has joined the *Chemist & Druggist* editorial team as reporter.

She moves from Boots the Chemists, where she worked as a relief pharmacist in central London. Prior to that, she had undertaken her pre-registration year at St Thomas' Hospital, after graduating from King's College, London.

Appointments

Proteus International has promoted Jurek Sikorski from business development and marketing director to chief executive.

David Kent is the new secretary for Camden and Islington LPC and Kensington, Chelsea and Westminster LPC. Mr King is available on 081 882 6439.

Miles Carter has been appointed marketing executive for 3M's Photo Color Systems division.

Dr Harvey Homan joins The Boots Company as director of new product development for Boots Healthcare International.

Kevin Day is promoted to director of sales and marketing for Konica UK, and is the first Briton on the company's board.

Chiroscience Group plc has made Dr Nick Pope pharmaceutical business development manager.

Professor David G Grahame-Smith CBE has been re-appointed chairman of the Advisory Council on the Misuse of Drugs for another three years.



Crookes Healthcare has donated £30,000 to the National Eczema Society in support of its various educational initiatives. Ann Crockett, senior product manager for E45, is seen presenting the cheque to Patrick Hodson, fundraising manager of the NES, at a jointly-organised trip to Nottingham ice rink for children suffering from eczema and asthma. Local ice hockey team the Nottingham Panthers provided the entertainment



The new council members of the Pharmaceutical Society of Northern Ireland are (standing l to r): Dr Terry Maguire, Professor Thorburn Burns, Ronnie McMullan, Dr Michael Scott, Derek Corbett, Derek Lawson, Sean O'Hare, Dr James McElroy, Tom Hunter, John Crawford, Robin Holliday, Harvey Galbraith. (Seated l to r): Tosh O'Rourke, Dorothy Graham, Terry Graham, Terry Hannaway (currently vice president, new president from November 20), Dr William Woodside (current president), Bob Dillon, Cathleen O'Rourke and Josh Kerr

Pharmacist turns detective to catch thief

A quick-thinking pharmacist helped police track down the thief who broke into his shop, after collecting blood samples left behind in his dispensary.

Mike Hambrey, who lives above the Cinderford Pharmacy in Gloucestershire, heard the intruder kick in the glazed shop window in the early hours of the morning and called the police.

The injured burglar, who was looking for controlled drugs, ran off empty-handed, but left behind a trail of blood on the dispensary's vinyl floor. Mr Hambrey collected a sample in the hope of using it as forensic evidence.

Mr Hambrey says: "I've always thought blood samples could only be used in sex offences, but recently I've been reading in the newspapers that you can use them for break-ins." The thief was tracked down and arrested.

The offender, a known drug addict, has been given a deferred sentence and been sent to the Gloucester Drugs Project for counselling.

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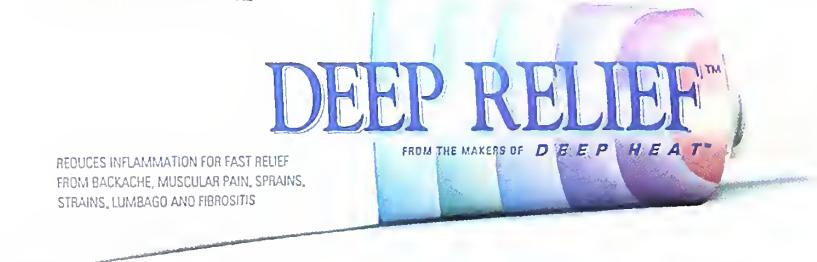
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NSAIDs are known to precipitate asthmatic attacks. Broken skin. Warning and precautions: Not to be used on or near mucous membranes or near the eyes if symptoms worsen or persist medical advice should be sought. Patients with a history of renal problems should seek medical advice before using Deep Relief. Hands should be washed after applying the product. Administration to pregnant or lactating women should be avoided. **Side effects:** Mild erythema and tingling at the site of application may occur. This is usually insufficient to warrant discontinuation of treatment. **Legal category:** P **Retail Price:** £1.29 (15g) £4.29 (50g). **Product Licence No.:** PL0189/0020 **Product Licence Holder:** The Mentholutum Company Limited, Twyford, Berkshire Prepared July 1994



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A Chemist & Druggist publication
for pharmacy assistants

OCTOBER 1994

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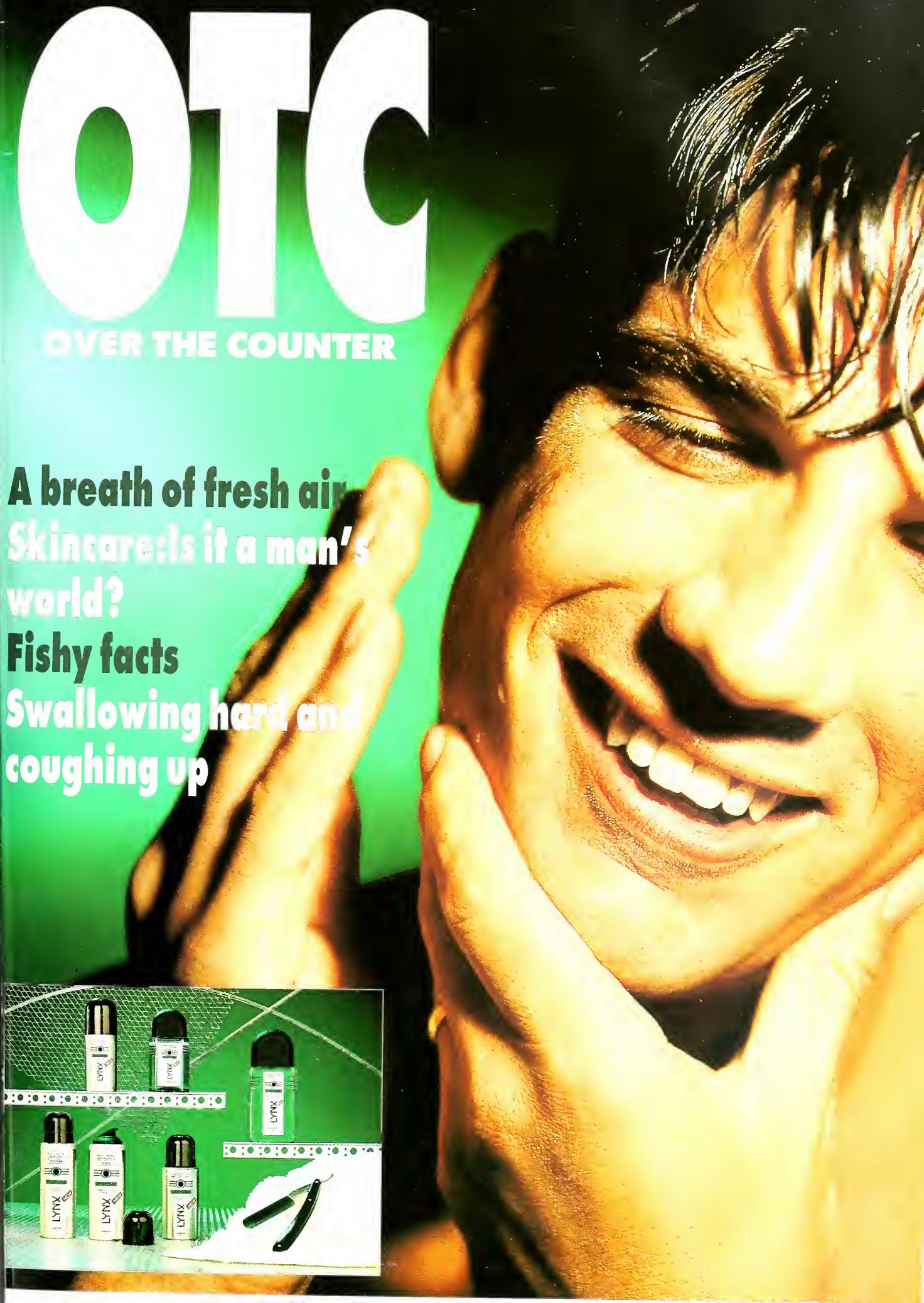
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SUPPLEMENT TO

CHEMIST & DRUGGIST

October 8, 1994

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Supplement Co-ordinator:

Maria Murray, MRPharmS

Art Editor: Tony Lamb

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Ian Gerrard

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A United Newspapers publication

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Coughs and sore throats
Coughs and sore throats are two of the commonest complaints at this time of year. OTC reminds you of the causes, symptoms and treatments

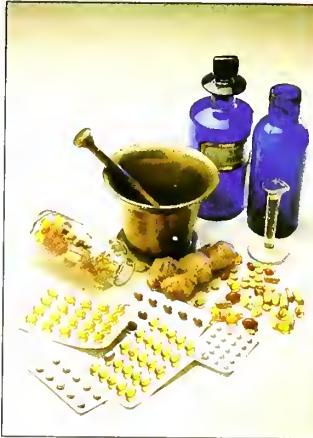
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OTC
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OTC

OVER THE COUNTER

Volume 7 Number 51

October 1994



Male toilets

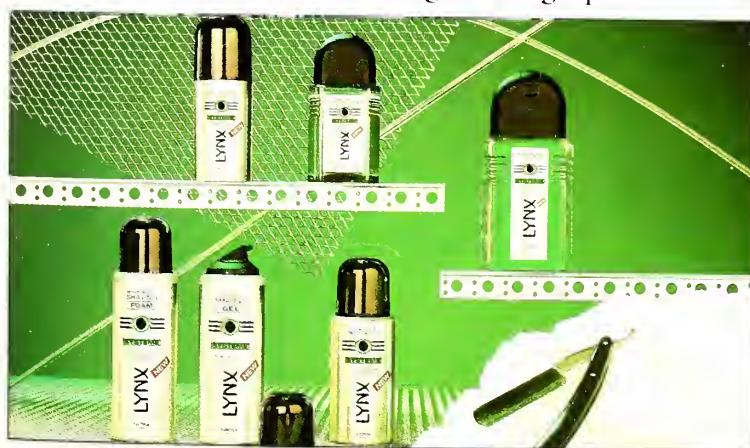
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Lynx revolutionises the market in the nineties

Elida Gibbs is launching a revolutionary shaving and grooming range which allows men to care for their skin without additional time and effort. Called Lynx Systeme, the new range offers effortless skin care through six high-performance products which contain in-built moisturising agents.



Lynx Systeme will be backed by a massive £4 million advertising spend during the first four months of its launch. Two trial size products will be available, a 75ml shaving gel and a 100ml shaving foam, both priced at 85p. A Lynx Systeme Christmas pack has been developed, combining deodorant and shaving gel products, and will retail at £4.79.

Test your knowledge of Lynx Systeme and win a Marks & Spencer voucher by turning to p43.



The next 18 months will be a very busy and exciting time for anybody who works in a pharmacy. January 1, 1995 could be described as P-Day for all pharmacy staff, because from this date all pharmacies are required to have written protocols in place covering the procedures to be followed when a medicine is sold or a customer asks for advice on a medical condition.

From July 1, 1996 every member of staff whose work in the pharmacy regularly includes the sale of medicines must have completed or be taking part in an approved training course (see **News**).

Many of you probably follow set procedures already and a written protocol will only be a further step. Although the thought of a formal training course may be a bit off-putting, particularly if you have worked in a pharmacy for a number of years, there is always something new to learn. Knowing more about the medicines you sell and the conditions they treat will give you greater confidence when dealing with customers.

On a lighter note, turn to page 6 to see the winning entry in our 'Making Golden Memories' competition, co-sponsored by Kodak. Congratulations to everyone who took part. All our judges were impressed with the high standard of entries.

Although October is a little early to start thinking about Christmas, this is the last issue of 1994, so I hope you enjoy Christmas and look forward to the next OTC in January.

Maria Murray
Supplement Co-ordinator

NEWS

Protocols and training

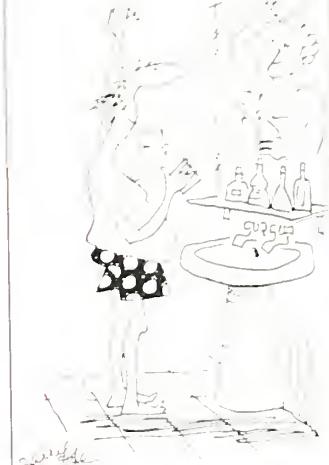
As you are probably aware by now, the Council of the Royal Pharmaceutical Society has decided that from January 1, 1995 every pharmacy should have a written protocol covering the procedure to be followed when a medicine is supplied or when a customer asks for advice on a medical condition.

In addition, if you are regularly involved in the sale of medicines, from July 1, 1996 you must have completed or be taking part in a training course which contains all the elements in the level 2, unit 217, retail certificate of the National Vocational Qualifications. The National Pharmaceutical Association Assistants' Training manual and Boots' course for medicine counter assistants both meet this requirement.

The NPA has produced a resource pack to help its members and their staff comply with the medicine sales protocol. It includes an assistants' training pack, 'Selling Medicines and Giving Advice', which includes sections on the different classes of medicines, the importance of asking questions, which customers should be referred to the pharmacist, abuse and misuse of medicines, confidentiality, and sensitive subjects. If your pharmacist has not discussed these issues with you yet, maybe you should remind them.

C&D training SEMINAR

Time is running out if you want to attend the *Chemist & Druggist/Allergan* training seminar, 'Eye & Contact Lens Care'. The evening, which will be held at the Ramada Hotel, Heathrow on **Thursday, October 20**, begins with light refreshments at 6.30pm, followed by three talks on the subject. All invitations should be returned by October 13. Please return to: The Editor, *Chemist & Druggist*, Benn Publications Ltd, FREEPOST, Sovereign Way, Tonbridge, Kent TN9 1YZ. No stamp is required.



He's so vain!

Men are more concerned than women about spots affecting their love life, according to new research from TCP. One in six men is concerned about developing a spot before a romantic date compared to one in ten women. Men are more likely than women to squeeze or scratch spots — one quarter of men surveyed say this is the first thing they do if they develop a spot, compared to one in ten women.

So maybe that's why he takes so long in the bathroom? In a recent survey by Noir male fragrance, over half the respondents admitted to spending between 15 and 30 minutes in the bathroom. Or could it be that he just can't decide on a scent? Two-thirds of men admitted owning two to five fragrances.

Correction

The hair colorant feature in the October issue of *Over the Counter* incorrectly described Clairol's Ultress as a tone-on-tone product. It is a conditioning permanent hair colorant.

Find out

Are the only fragrances you associate with men sweat and smelly feet? You're probably not alone.

A recent survey by Arrid Extra Dry, looking at personal hygiene, discovered that a quarter of men wear their underpants twice or even three times before washing them and 1 per cent of men would wear them all week. Over one in 20 of the men surveyed admitted to having their underpants or boxer shorts for at least five years.

The survey also revealed that over half of the population (51 per cent) spend less than 15 minutes a day washing, and that one fifth have three or less baths/showers a week. In fact, 3 per cent of the population only bathe once a week. Only 5 per cent of women and 10 per cent of men put on deodorant as a first priority in their daily morning routine.

Now you know why your journey to work on crowded public transport can be so unpleasant, and why half of those surveyed said they had actively gone out of their way to change seats on public transport.



Any sympathy for migraine sufferers?

Migraine sufferers receive little sympathy in the workplace, according to two recent surveys. Research commissioned by Migraleve found that although two-thirds of those surveyed regarded flu as serious enough to warrant staying off work, less than half thought that migraine was an adequate reason. Four out of ten people believe that colleagues who say they have a migraine are using it as an excuse.

A survey of migraine in the workplace, carried out by the British Migraine

Association, found that sufferers, as well as their co-workers, tended to overestimate time off work due to migraine attacks.

More than five million people in the UK suffer from migraine. The condition is more than a 'bad headache' with patients suffering nausea and vomiting as well as severe head pains.

- 'Understanding Your Migraine' is a consumer leaflet listing trigger factors and a self-help guide. It is available from: Charwell Health Care. Tel: 0420 84801.

Mono Pill failures in smokers and teenagers

Smokers and teenagers were found to have a higher rate of Pill failure leading to pregnancy than other women in a recent Australian study.

Two groups of women taking the Pill were compared — those who had become pregnant while on the Pill and those who had not. Factors associated with Pill failure, such as missed or late Pills, diarrhoea, vomiting and antibiotic use, were common to both groups. However, there were twice as many smokers and five times as many teenagers among the pregnant Pill users.

More research needs to be done to discover if this is due



to the women's behaviour or if their bodies metabolise the contraceptive differently.

A treat for your feet courtesy of Mycil

FREEBIE

If you spend hours every day standing up in the pharmacy, you'll know how vital it is to keep your feet in tiptop condition. To help you give your tired feet a treat, Mycil has put together a 'Healthy Feet' kit which you can use to pamper and refresh them after the busiest of days.

Each kit comes in a sturdy shoe bag — ideal for keeping trainers, workshoes or even your toiletries in — and consists of: your own personal foot

towel; a wooden foot massager to relax and invigorate feet; a wooden nail brush and pumice to smooth hard skin; a pair of Totes 'Toasties' socks to keep your feet cosy; and Mycil Athlete's Foot Powder. Mycil combines an effective anti-fungal with an antiseptic and can be used to treat symptoms of athlete's foot, prevent reinfection and soothe the foot back to health.

Over the Counter has five Mycil 'Healthy Feet' kits to give away to pharmacy assistants and each is worth approximately £50.

All you have to do is send your name, address and name of your pharmacy to Over the Counter/Mycil



'Healthy Feet' Offer, Chemist & Druggist, Benn Publications, Sovereign Way, Tonbridge, Kent TN9 1RW to arrive no later than November 8.

The first five names out of the bag after the closing date are the lucky winners, so don't delay.

Make your photo sales attractive

Films can be used to attract new customers into your pharmacy

It's no good stocking the best range of product in the area if nobody knows you've got it — yet that's the risk many pharmacies run with film.

Film tends to be a seasonal seller and it's often confined to a shelf that's tucked away, sometimes even out of sight of the customer. Daft, really, for film is something which can be very good for business.

So why not bring it out of the shadows and leave your customers in no doubt that you carry a good range of quality, branded film. If you sell cameras, make sure your customers know that too, and shout, metaphorically of course, about the fact that they can bring their films to you for processing.

Make sure you've got the latest point of sale display from your film and camera suppliers. Each year, manufacturers spend tens of thousands of pounds on designing and producing point of sale with the sole aim of encouraging people to buy. Look at the 'explosive' material Fujifilm produced when it launched its award-winning Fujicolour Super G film — no one but no one could miss it. It's there to help you sell so, make the most of it.

You will have a fairly



significant captive audience to sell to, after all — customers waiting while prescriptions are being made up. And the kind of eye-catching POS material your photographic suppliers provide will be given a real chance to work.

Keep an eye open for special offers and promote them as much as you can. Three films for the price of two, for instance, is a very successful offer made by film companies — all you need to do is display the material supplied and every time a customer asks for a film, remind him how much they could save if they buy a second.

If you don't have your own minilab but act instead as an agent for a local processor, make sure they let you have as much display material as possible. After all, it's in their interests as well as your own to do so.

Displays will tend to feature typical customer photos — nothing sells photography better than photographs — and show just how easy it is to have enlargements or extra copies made.

If you run your own minilab, you'll already have a focal point in the shop for photo sales, but whether you have or you haven't, why not create a separate photo display in your shop window so that passers-by and window shoppers know you're in the photo business, too?

The opportunity is there for you — if you'll pardon the photographic pun, all you have to do is develop it! (Material provided by Fuji Photo Film UK Ltd.)

Kodak winner



Earlier this year, readers of Over the Counter were invited to make 'Golden Memories' by Chemist & Druggist and Kodak Ltd in a co-sponsored competition. Using a free Gold 400 ASA film, and taking on board Kodak's hot photo tips, entrants produced a magnificent selection of prints. Read on to find out who won, and why ...

Congratulations to Mrs Kathy Keen, from Cornwall, the winner of the 'Making Golden Memories' photographic competition, co-sponsored by Chemist & Druggist and Kodak.

As you can see, her picture (above), taken at a traction engine rally near Wadebridge, Cornwall, captures the spirit of the competition.

Kathy, who works at Hick Chemist, Bodmin in Cornwall, went to the rally in August with the intention of taking a picture for the competition. She advises

anyone entering such a contest to keep the theme of the competition in mind and not be side-tracked.

"I decided the rally would be a good place to get a 'Golden Memory' picture and just wandered around taking candid shots," she explains.

If you're wondering why all the people in the picture look so blissfully unaware of the photographer, it's because she used a telephoto zoom lens on a Minolta camera. "The whole scene just made me think of the theme, golden memories.

I particularly liked the old woman's hat."

Snapshooter

Amazingly, Kathy only started taking pictures seriously in June. "Before that I used to only take snaps. Then I had a picture printed in the local newspaper and that encouraged me." 'Making Golden Memories' was the first photographic competition that Kathy entered — and won!

It's too early yet for her to say where she will be taking her husband, daughter and

son on holiday, but £2,000 should go a long way!

Although Kathy obviously has a natural talent for taking pictures, she's decided to pick up some more tips and techniques. "I had my first night class last Thursday and I've been reading like mad since I won the competition."

Kathy has worked at Hick Chemist for four years. Before that she worked in a newsagents. "The newsagents was very quiet and I wanted something busier. Working in the pharmacy is more interesting



as there is a lot more to know and learn."

She says the most enjoyable aspect of her job is meeting the customers.

Kathy is a regular reader of *Over the Counter* and sees every issue. "It's very interesting and has got loads of tips. I sometimes enter the competitions, but this is the first one I've won."

Although Kathy won the main prize, congratulations must also go out to our runners-up and everyone

Continued on p8 ►



Another picture taken by Kathy Keen at the traction engine rally



Enjoying the traction engine rally this summer, near Wadebridge, Cornwall



Kathy Keen is pictured receiving her travel vouchers from Kodak's trade marketing manager Dawn Sutcliffe, watched by Kodak sales director Neil Murphy and Mrs Hick, proprietor



Kathy completes another Kodak sale at Hick Chemist, Bodmin, Cornwall

Continued from p7

who entered the competition. All the judges agreed that there was a very high standard of entry and we had a difficult few hours selecting the winners.

The ten runners-up, who each win a Kodak Star Zoom 105 camera worth £230 are:

- Mrs K Hill of Desborough Co-op Chemist, Desborough
- Sarah House of Safeway Pharmacy, Verwood, Dorset
- Carol Fairweather of Moss Chemists, Greener Road, Aberdeen
- Mrs E M Smith of The Village Pharmacy, Kirk Michael, Isle of Man
- Mrs S M Jones of D J Poole Ltd, Little Sutton, South Wirral
- Mrs J A Smethurst of Maghull, Merseyside
- Valerie Robinson of P Mitchell & Co, Halifax, West Yorkshire
- Tet Cotgrove of Hills Pharmacy, Westcliff-on-Sea, Essex
- Angel Baird of Carson & Baird Ltd, Saintfield, Co Down
- Mrs Y Jordan of Proctor's Pharmacy, Witney, Oxon



Taken by Carol Fairweather



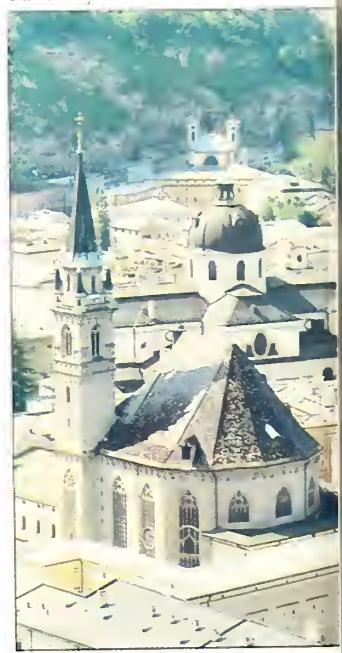
Polar bear, taken by Carol Fairweather



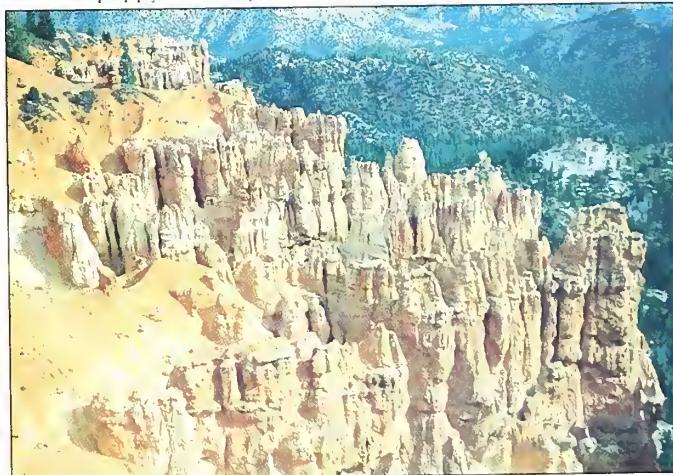
Taken by J A Smethurst



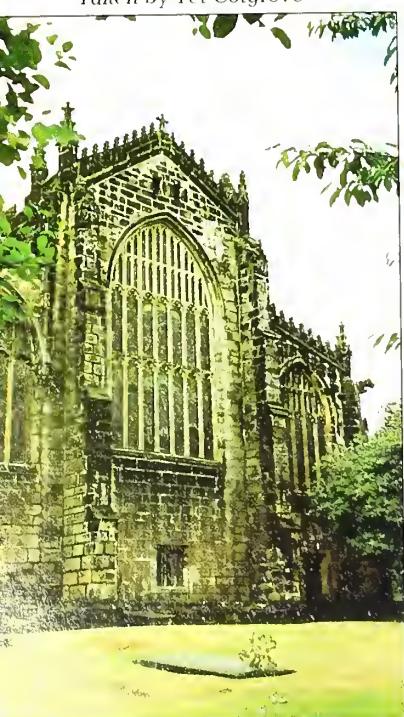
Girl with puppy, taken by Mrs K Hill



Salzburg by Mrs S M Jones



Bryce canyon, taken by Sarah House of Verwood, Dorset



Taken by Valerie Robinson



Boy with puppy, taken by Angela Baird of Saintfield, Co Down



Taken by Mrs E M Smith



Taken by Mrs Y Jordan

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while thrush may

cause external itching,

the fungus that

causes thrush lurks

inside the vagina. Unless it's killed

there, the itch can come straight back.

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thrush more than anything else. Used

inside the vagina, it's so effective that

it treats just about all sufferers with

one overnight treat-

ment. The symptoms

will start clearing

immediately and will

totally disappear within three days.

Meanwhile, in really bad cases, you

can suggest that the woman use a

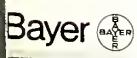
cream as well. But your first, and in

most cases only, recommendation

should be Canesten 1 pessary.

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Treat the cause, not just the itch



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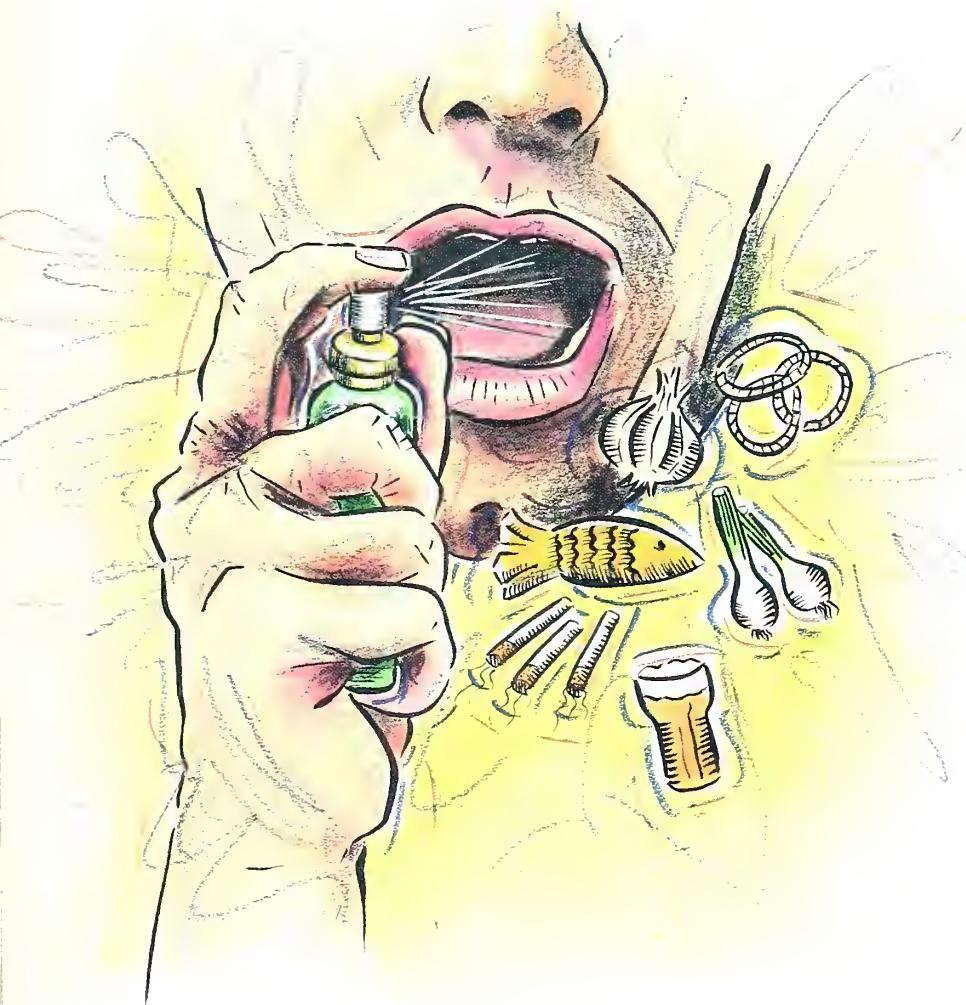
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A breath of fresh air—on top

You certainly know if the person you're talking to has bad breath, but how would you know if you did? Most of us suffer from halitosis from time to time, with the most common cause being neglect of our teeth. So before someone is kind enough to tell you, make sure yours is sweet smelling by following Sarah Purcell's guide to fresh breath.



Bad breath affects nearly all of us from time to time, but you're unlikely to know you've got it unless one of our nearest and dearest is helpful enough to point it out. You've no doubt attempted to check your own breath before an interview or a first date, blowing frantically into cupped hands, but even if you've eaten large quantities of garlic, you won't be able to smell it. So you'll have to rely on others to answer you truthfully when you ask 'Does my breath smell?"

A close encounter with a bad case of halitosis is not easily forgotten, and you may have noticed yourself subconsciously step back a pace from the person concerned. What's worrying is whether you'd notice if you had the same effect on someone else! The answer is to know what will cause your breath to smell less than pleasant and to take steps to avoid it.

Morning mouth

The most common type of mouth odour is first thing in

the morning, before you've brushed your teeth or had anything to eat or drink. This affects nine out of ten of us, so think yourself lucky if you don't suffer. Early morning halitosis is caused by saliva which stagnates in your mouth while you're asleep.

Tiny pieces of food, saliva and blood turn into sulphur compounds if they are not removed, causing the unpleasant odour. This kind of bad breath is temporary and will disappear when you eat or drink something or clean your teeth.

While you might think that what you eat or drink is usually the cause of bad breath, in fact only 10 per cent of cases originate from your stomach, since your oesophagus is a closed tube which prevents gases produced by the stomach from ever reaching the mouth. So the remaining 90 per cent of cases are due to a build up of bacteria in the mouth.

If you don't clean your teeth regularly and thoroughly, tiny pieces of food remain trapped between the teeth. If left, these then develop into

Garlic
Garlic may be delicious to eat, but the after effects can make you extremely unpopular!

The smell of garlic on someone's breath is unmistakable, and it can sometimes linger for a couple of days. The reason for this is that garlic is absorbed into the blood and expelled via our lungs.

Similar effects happen after eating heavily spiced foods such as curry, onions, and alcohol.

Smokers are especially prone to bad breath, as nicotine is partly excreted through the lungs. Yet another good reason to kick the habit!

For these types of mouth odour you could recommend a mouth wash or spray, although this will only temporarily freshen breath.

unpleasant smelling sulphur compounds. If your gums often bleed when you clean your teeth, this can lead to halitosis as well. Fortunately, the solution is usually straightforward.

- Effective, regular brushing is the only way to keep your teeth and gums healthy as well as your breath sweet

Continued on p14 ►

Continued from p 13

smelling. If you do it properly, brushing should take you three to four minutes. Remember to pay as much attention to the back teeth as to the front.

Take care to remove plaque between teeth and gums. If your gums bleed slightly it's best to carry on brushing, since only by removing all the plaque will you be able to reverse gum disease which causes the bleeding.

- Remember to change your toothbrush regularly or it won't do its job properly. Dentists recommend every three to four months.
- Most dentists will agree that brushing alone is not enough to remove every particle of food or plaque from your teeth, since a toothbrush can only reach three of the tooth's five surfaces. To get in between teeth, especially if they are crooked or overlap, regular flossing is the only solution.

Many people are put off, thinking it fiddly and time consuming: only half of us have even tried it, with only one in ten people using floss regularly. If you're a first-time user, try a dental tape instead, it is slightly thicker and easier to use.

- See your dentist for a check-up at least once a year and visit a hygienist every six months to give your teeth a thorough clean. If your teeth and gums are in good condition, chances are your breath will reflect this.
- If you wear dentures, make sure they are cleaned thoroughly every day, as they can lead to bad breath. The same advice applies to people who wear braces — they must be rinsed after every meal or particles of food which remain trapped leading to mouth odour.

Wash it out

Since the main cause of bad breath is stagnant saliva and food residue in the mouth, the simplest way to remedy it is to rinse your mouth out with water. But the effects will only last for a short time, since you won't have killed off the bacteria which cause the unpleasant odour.

A longer lasting solution is to use a specially formulated antiseptic mouth wash, which will help reduce the number of bacteria, as well as keeping plaque at bay. There are several to choose from, some of which claim to work for several hours. Ideally they should be used twice daily, after you've brushed your teeth.

A purely cosmetic

mouthwash works by masking mouth odours, but will only be effective for a short time as it won't tackle the root of the problem, the bacteria, so it's better to recommend one with an

substances called ketones which are excreted through their breath, smelling of pear drops. Liver disease patients have a particular smell to their breath known as hepatic foetor.



antiseptic action.

The reason some dentists are not happy to recommend the use of mouth washes is that they fear some people will see them as a quick alternative to proper brushing. If a customer wants something for fresh breath, make sure you stress that mouth rinses should be used as well as regular brushing, not instead of. Used alone, the fresh breath feeling will not last for long.

Cause for concern

Bad breath is not always caused by poor oral hygiene or anti-social eating habits, it can also be a symptom of disease. For example, diabetics produce

Some drugs can cause bad breath, such as the sedative chloral hydrate, which the body gets rid of through the lungs. Other causes of halitosis are:

- infections of the mouth and throat such as ulcers, tonsillitis, periodontal disease and gingivitis
- respiratory conditions, such as sinusitis and bronchitis
- digestive problems such as constipation or indigestion.

In these cases, a mouth wash or spray can be used, but the effects will only be short-term; the cause needs to be treated for longer-term improvement. Advise your customer to see their doctor or dentist for further help.

Quick fixes

- Keep a toothbrush and small tube of toothpaste handy so you can brush your teeth after lunch — it helps to keep your breath fresh all day
- For instant freshness, use a spray such as Gold Spot, or a fresh breath capsule such as Amplex, which come in a choice of flavours
- Suck a mouth-freshening sweet such as Clorets, which contain actizol to help absorb odours of food, drink and smoke, or a sugar-free peppermint
- To neutralise plaque and increase saliva flow after meals, chew sugar-free gum such as Wrigley's Extra, Endekay, Clorets or Dentyne
- Gargle with salt water or antiseptic, such as TCP, to keep bacteria at bay
- Prevent bad breath by using an antiseptic mouth rinse after brushing, such as Plax, Colgate Acti-Brush, Macleans Mouth Guard, Oral-B Dental Rinse, Search or for smokers, Pearl Drops Smokers 1+1 mouth wash
- For naturally fresh breath, try chewing on some parsley or aniseed stick after a meal.

Healthy Options



At a time when the Royal Pharmaceutical Society is emphasising the need for Pharmacists to ensure their confectionery range promotes the welfare of their patients, Wrigley's Extra and Orbit sugar-free gum are the healthy options.

Healthy for your patients:

- Stimulating the mouth's natural defence, saliva, which fights the plaque acid that causes cavities and builds stronger teeth.
- Acknowledged by 9 out of 10 UK dentists and recommended by most.
- Wrigley's sugar-free gums are officially recognised by the F.D.I World Dental Federation for their contribution to good oral health.

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- These products offer some of the highest profit margins on confectionery.
- They are continually promoted as part of Wrigley's £10 million TV advertising spend.

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Cough alert



Mary Evans Picture Library

Patients may also present with a chesty cough which does not produce any phlegm, but this is usually due to congestion in the lungs and will probably require specialist treatment.

Any cough that has not improved after two to three weeks, particularly if the patient has been taking medication, requires further investigation.

Preparations

Cough preparations can be broadly divided into two types:

- suppressants which stop the cough reflex, usually found in products 'for dry/tickly coughs'
- expectorants which help bring up mucus from the lungs, usually found in products 'for chesty coughs'.

Although coughing is a natural defence mechanism there are circumstances where suppressing it will benefit the patient. If a dry irritating cough is keeping the patient and their family awake, or preventing them from working normally, then a product containing a cough suppressant should be recommended.

Suppressants commonly included in over the counter preparations are:

- Codeine
- Pholcodine
- Dextromethorphan
- Noscapine.

As we all know, codeine
Continued on p 19 ►

With winter just round the corner, our pharmacies will soon be full of coughing customers looking for some assistance. Dry, hacking coughs, chesty coughs, unproductive coughs — what can we offer them? Maria Murray coughs up the facts

It's five o'clock on a winter's evening and you see your umpteenth customer of the day shuffling towards the counter, halting every few steps to cough violently (into a handkerchief if you're lucky). It's hard to believe that the six winter months account for only 60 per cent of the year's sales of cough remedies. So what do we do with our coughing customer?

Type of cough

First of all, you need to discover what type of cough the patient has and what is causing it.

A cough is one of the body's defence mechanisms, usually to remove some irritant, obstruction or congestion from the throat, air passages or the lungs. A cough can be a symptom of

a range of disorders, from asthma to tuberculosis or lung cancer. However, the most common cause of a cough is a minor, self-limiting upper respiratory tract infection.

The coughs that you see in the pharmacy can be broadly divided into three types:

- dry and tickly, with no sputum produced
- chesty, producing phlegm
- chesty, but not producing any phlegm.

It is also important to find out whether it is a long-term (chronic) problem or, more commonly, an acute cough.

A dry cough, often described as an annoying 'tickle in the throat', is usually due to an irritant, such as pollution triggering the cough reflex.

Smoking

Smokers are regular visitors to the pharmacy with a cough. It's hardly surprising that smokers suffer from a chronic cough when you consider that the sensitive lining of the lungs and air passages is being exposed to over 300 chemicals and gases.

Smoking is also thought to paralyse the cilia, microscopic hairs that remove irritants from the lungs by upward beating. As a result, mucus collects in the lungs producing symptoms of chronic bronchitis. This can flare up into an acute attack and this is when the smoker may venture in looking for relief.

A persistent cough, often associated with pain and breathlessness, could be the first sign of lung cancer, a disease smokers are at risk of developing. Therefore, depending on the severity and duration of the cough, you may decide it is safer to refer the smoker to their doctor.

The only real solution for smokers' cough is to give up the habit. Ex-smokers may complain initially that their cough is worse, but this will improve once the lungs stop being irritated and the cilia start moving again.

Colds and flu are responsible for more days lost from work than all other conditions put together. That means a lot of people will come to you this winter, seeking advice – and relief.

THIS WINTER YOU'LL BE ASKED THE SAME OLD QUESTIONS ABOUT COLDS AND FLU.

HERE'S A NEW ANSWER.

'DON'T THEY SAY THERE'S NO CURE FOR A COLD?'

Technically speaking, this still holds true; and your customers don't expect a magic cure. What they do expect, however, is relief; and you can't recommend anything more effective than new Nurofen Cold & Flu to relieve all the major symptoms: blocked nose, painful sinuses, sore throat, aches, pains, headaches and fever.

'WHAT MAKES NUROFEN COLD & FLU SO EFFECTIVE?'

Ibuprofen is proven to fight pain, fever and inflammation more effectively than paracetamol¹; and Nurofen Cold & Flu brings it together with the proven decongestant action of pseudoephedrine. Naturally, you would expect such excellent ingredients to perform well together; and indeed, clinical trials have demonstrated that Nurofen Cold & Flu is more effective than some treatments based on paracetamol.

'DOES IT RELIEVE ALL SYMPTOMS OF COLD AND FLU?'

BLOCKED NOSE AND CONGESTION.

As proven decongestant pseudoephedrine in Nurofen Cold & Flu makes it effective in relieving these symptoms².

INFUSED SINUSES.

Acute sinusitis involves inflammation of the nasal passages; ibuprofen's anti-inflammatory action, along with pseudoephedrine's decongestant efficacy, makes Nurofen Cold & Flu more effective, 3 hours after dosing, than a paracetamol-based combination³.



FEVER.

Ibuprofen provides greater and longer-lasting relief of fever than paracetamol.³

SORE THROATS.

Here too, ibuprofen's superior anti-inflammatory properties make it more effective than paracetamol⁴.

HEADACHES AND OTHER ACHEs AND PAINS.

Ibuprofen has been shown to be more effective than paracetamol in the relief of headaches⁵ and other aches and pains⁴.

This means that when your customers are suffering from a cold or flu, you now need only one recommendation... Nurofen Cold & Flu.

'CAN I LEARN SOME MORE ABOUT COLD AND FLU?'

A comprehensive training package is available that'll help you advise your customers.



For a free copy just fill in the coupon and send it to: Crookes Healthcare, P.O. Box 57, Nottingham NG7 2LJ.

Name _____

Address _____

Post code _____

AT LAST, RELIEF THAT MAKES ALL THE DIFFERENCE.



REFERENCES 1. Busson, M. J. Int. Med. Res. 1986, 14, 53-61. 2. Data on file, Crookes Healthcare, Research Report No. M90122. 3. Walson PD, et al, Clin. Pharmacol. Ther., 1989; 46: 9. 4. Schachtel, B.P. Clin. Pharmacol. Ther., 1988, 44, 6; 704. 5. Noyelle, R.M. et al, Pharm J, 1987, 238, 561.

ALWAYS READ THE LABEL

GOING FROM STRENGTH TO STRENGTH.

Since the Robitussin* range was relaunched last year, it has become one of the fastest growing cough medicines in the UK. During the winter season, sterling market share increased by 32%¹ and year on year sales were up by 38%².

Growth hasn't stopped there either. To date, sales are up 52%² on 1993 – almost three times the rate of the market.

To ensure this trend continues, we are supporting Robitussin again this season with heavyweight advertising and a strong point of sale package.

Ask your Whitehall pharmacy representative for further details.

Robitussin

NEW FLAVOUR

Robitussin

NEW FLAVOUR

For Chesty Coughs

For Dry Coughs

Loosens chesty coughs & clears blocked nose

FULL STRENGTH

NO DROWSINESS

P

10

Guaiifenesin Ph Eur

Pseudoephedrine Hydrochloride BP.

Relieves persistent tickly coughs

FULL STRENGTH

NO DROWSINESS

P

10

Dextromethorphan Hydrobromide Ph Eur.

Loosens chesty coughs

FULL STRENGTH

NO DROWSINESS

P

10

Guaiifenesin Ph Eur.

FULL STRENGTH. NON DROWSY.

ROBITUSSIN* FOR CHESTY COUGHS WITH CONGESTION Indications: For relief of chesty coughs coupled with nasal congestion. Recommended Dosage: Using the measuring cup provided, the following doses are given 3 times a day. Adults 10ml Children 6-12 years 5ml Children 2-6 years 2.5ml Under 2 years, not recommended. Contraindications: Hypersensitivity to the two ingredients. Use in patients with acute Ischaemic Heart Disease, Tachycardia, Glaucoma, or Urinary Retention. Patients currently receiving, or who have received within two weeks, monoamine Oxidase Inhibitors, or tricyclic antidepressants. Patients receiving other sympathomimetic drugs. Interactions: May act as a cerebral stimulant in children and occasionally in adults. Use with caution in patients receiving Digitalis, Adrenergic Blockers, Antihypertensive agents or non-steroidal anti-inflammatory drugs. Use in pregnancy and lactation: This product should not be used during pregnancy and is considered essential by a physician. Legal status: P Price: £2.26 Product Licence Number: PL0165/0098

ROBITUSSIN* FOR DRY COUGHS Indications: For relief of dry, irritant coughs. Recommended Dosage: Using the measuring cup provided, the following doses are given 3 to 4 times a day. Adults 10ml Children 6-12 years 5ml. Under 6 years, not recommended. Contraindications: Known hypersensitivity to the active constituent. Other undesirable effects: Dextromethorphan hydrobromide occasionally causes dizziness and gastrointestinal upset. Use in pregnancy and lactation: Although dextromethorphan has been in widespread use for many years without apparent ill-consequence, there are no specific data on its use during pregnancy. Caution should therefore be exercised by balancing the potential benefit of treatment against any possible hazards. It is not known whether dextromethorphan or its metabolites are excreted in human milk. Other special warnings and precautions: Use with caution in patients with hepatic dysfunction. Legal status: P Price: £2.26 Product Licence Number: PL0165/0098

ROBITUSSIN* FOR CHESTY COUGHS Indications: Provides symptomatic relief of chesty coughs. Recommended dosage: Using the measuring cup provided, the following doses are given 4 times a day. Adults 10ml Children 6-12 years 5ml Children 1-6 years 2.5ml. Under 1 year, not recommended. Contraindications: Evidence of safety of guaiifenesin products in pregnancy and lactation is at present incomplete. However, wide usage for many years has shown no apparent ill consequence. Legal status: GSL Price: £2.26 Product Licence Number: PL0165/0097

1 Nielsen S/O 1993 v J/F 1994
2 Ex factory sales



Continued from p 16

products may be abused, unlike pholcodine which has similar suppressant activity. Customers taking codeine or pholcodine may complain of constipation.

Cough suppressants should never be recommended for chesty coughs as they will prevent mucus and cell debris being removed from the lungs which could lead to further congestion and possibly infection.

Expectorants have traditionally been included in 'chesty cough' preparations to facilitate removal of mucus from the lungs. However, in recent years doubts have been cast on the efficacy of these products. The *British National Formulary* says "there is no evidence that any drug can specifically facilitate expectoration".

Expectorants, commonly found in 'chesty cough' preparations are:

- Ammonium chloride
- Ipecacuanha
- Squill.

At high doses all three of these drugs can induce vomiting by irritating the lining of the stomach. It has been suggested that low doses stimulate the mucosa of the respiratory tract via the irritant effect on the gastro-intestinal tract.

It must be said that many patients feel better when they are taking the 'cough bottle'. As these products are relatively inexpensive and are unlikely to worsen the condition, they still have a place in pharmacies.

Patients complaining of a chesty, non-productive cough may benefit from a product containing a bronchodilator which can help clear the airway allowing sputum to be coughed up.

Home remedies

Apart from commercial products, there are a number of ways to self-medicate. If you're suffering from a dry cough, a mixture of honey, lemon and hot water, can be very effective. The syrup soothes the throat and physically prevents dust or other particles irritating it or the air passages. Sucking a boiled sweet or pastille, can also bring some relief from a dry cough.

For chesty coughs, it is important to take plenty of fluids as dehydration makes it more difficult to bring up phlegm.

A simple steam inhalation can loosen the phlegm on the chest and make it easier

to cough up. Adding menthol crystals or Friar's Balsam to the steaming water can make the treatment more effective, and has the added bonus of clearing any blocked noses.

Children's coughs

As any parent knows, children are particularly susceptible to coughs. Research carried out by Procter & Gamble found that 39 per cent of all coughs are suffered by children.

Coughing, particularly at night, can tire a child and make them tearful and irritable. A night-time cough in children may also be an indicator of asthma.

As small children are very fond of putting things in their mouth, it is a good idea to exclude the possibility of a swallowed bead or peanut causing the cough. This is not something that should be dealt with in the pharmacy.

Most manufacturers produce cough medicines specially formulated for children with pleasant flavours. Due to concern about dental decay with syrupy medicines, a wide range of sugar-free formulations is also available.

ACE-related cough

Patients taking angiotensin converting enzyme (ACE) inhibitors to lower their blood pressure may develop a chronic, non-productive cough as a side-effect.

Once treatment has started with an ACE inhibitor, the cough can develop any time from a few days to a month later. Changing the patient from one ACE inhibitor to another does not usually solve the problem. Stopping treatment with the ACE inhibitor causes the cough to disappear within three to four days.

Warning signs

A cough can be a symptom of a serious underlying disease so there are a number of warning signs you should watch out for:

- pain on breathing or coughing
- blood in sputum
- yellow, green or brown sputum
- a cough which has lasted a week without any improvement
- where there is pain or difficulty breathing.

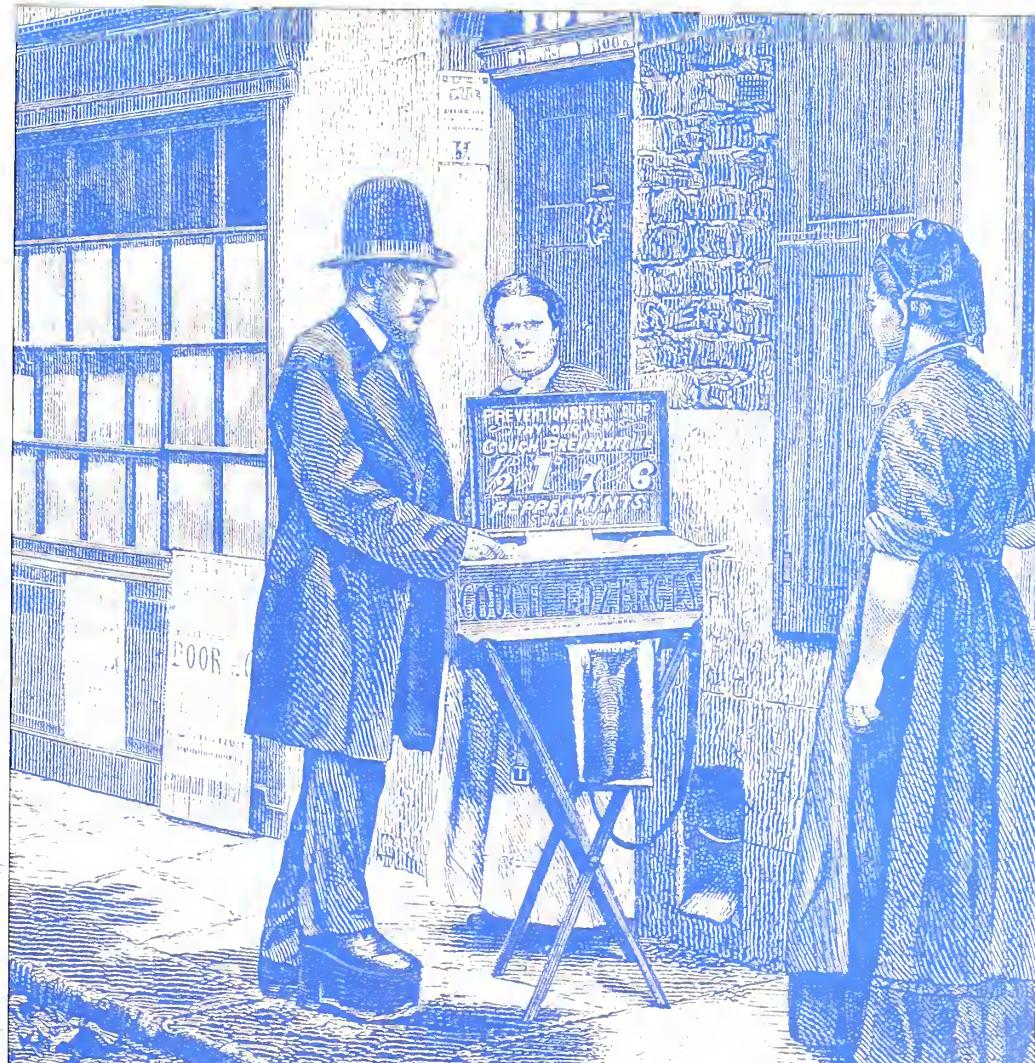
Such patients should be referred to their doctor.

Coloured sputum usually means the person has a chest infection and blood in the sputum could be a symptom of tuberculosis or cancer.

Treatment protocol

You may find it easier to decide on the most suitable treatment or whether to refer the patient if you ask a set series of questions:

1. Who is the patient? (it may not be the customer)
2. What type of cough have they?
3. How long have they had it for?
4. Is there any phlegm, what colour is it?
5. Does the patient smoke?
6. Have they taken any other medication for the cough?
7. Have they taken any other treatments for their cough?
8. Is the patient taking any other medicine, such as tablets for blood pressure?
9. If the patient is a woman, ask if she is pregnant before recommending a product.
10. Is the patient going to drive or operate machinery? (an important consideration if the medicine has a sedative effect).



Mary Evans Picture Library

Sore swallowing



- Describe how your throat feels
- How long has it been like this?
- Have you any other symptoms?
- Have you taken any other medicine for your sore throat?
- If the patient is a woman — are you pregnant?
- Are you taking any other medication for any other complaint, including herbal and homoeopathic preparations?

medicines which can offer effective symptomatic relief.

Sore throat remedies come in a variety of presentations and flavours — lozenges, sprays, pastilles and mouthwashes. Customers may prefer one presentation over another because of a convenience factor, or they may ask for your advice.

Sucking pastilles or lozenges stimulates the production of saliva which lubricates a dry throat and has a soothing effect. As a general rule, throat lozenges should not be given to children under three years of age as they may stick in their throats and choke them.

Active ingredients of pastilles and lozenges available OTC include antibacterial and antifungal agents such as:

- Cetalkonium chloride
- Dequalinium chloride
- Cetylpyridium chloride
- benzalkonium chloride
- Amylmetacresol.

Menthol, eucalyptus oil and camphor are found in some products to help relieve any associated nasal congestion.

You should remind customers that sore throat lozenges and pastilles are not intended to be eaten like sweets. Sugar-free varieties are also available and are suitable for diabetics or anyone concerned about dental decay.

Patients with severe sore throat may require a product containing a local anaesthetic such as benzocaine or lignocaine. They relieve the pain by numbing the throat and tongue. Such products are

Mary Evans Picture Library

Although a sore throat is not a life-threatening disease, it can make life uncomfortable for the sufferer, particularly if they have to continue working or attending school. Maria Murray reviews the causes and treatments

Every day, one in ten people has a sore throat and the vast majority of them must buy some medication for it, as the market is worth around £70 million. During the winter, 12.5 million adults buy lozenges. Although 'sweets' for sore throats are widely available through supermarkets, corner stores and garages, pharmacies can offer a wider range of products including Pharmacy-only products.

In addition, customers can ask you or your pharmacist for further information on their condition and the most appropriate medication. Therefore, it is important to know how different products act, which are the most suitable for particular customers and when the

customer needs to be referred for further investigation.

Causes

Most sore throats are caused by viruses or bacteria and usually occur with a cold or just afterwards. Reflux of acid from the stomach into the oesophagus and throat can cause inflammation of the mucosa resulting in a sore throat.

In some patients, a sore throat is a symptom of a more serious condition, such as tonsilitis, laryngitis, or, very rarely, cancer. Questioning the customer about associated symptoms should establish if any of these are present and, if so, they will have to be referred to their doctor.

Symptoms

Most people with sore throats complain of a dry 'itch' in the throat, a raw feeling, pain or difficulty swallowing and, in some cases, a dry cough.

Sore throats, especially those associated with a cold, tend to last three to seven days. Research carried out on the symptoms of the cold found that sore throat predominates as the 'most bothersome' symptom at the start of a cold. Over the course of the cold, nasal congestion was the 'most bothersome'.

Treatments

There is no cure or treatment for a sore throat. However, there is a wide range of over the counter

Continued on p23 ▶



**Recommend
them until you're sore
in the throat.**

Then take one.

Increased profits and fast relief for severe sore throats come from Marion Merrell Dow Lozenges. Their active ingredient, CPC, kills 99% of throat and mouth bacteria within 5 minutes,⁽¹⁾ giving proven rapid antibacterial efficacy tailored to your customers' needs. And you gain a minimum of 50% profit, making the best use of your display space and shelf space.

Make them your No. 1 recommendation this winter.



INFORMATION FOR PHARMACISTS: ACTIVE INGREDIENTS: Merocets: Cetylpyridinium Chloride 1.4mg. Merothol: Cetylpyridinium Chloride 1.4mg, Menthol 5mg, Eucalyptol 3mg. Merovit: Cetylpyridinium Chloride 1.4mg, Vitamin C (as ascorbic acid/sodium ascorbate) 125mg. Merocaine: Cetylpyridinium Chloride 1.4mg, Benzocaine 10mg. USES: Merocets: Symptomatic relief of sore throat. Merothol: Symptomatic relief of sore throat and nasal congestion. Merovit: Symptomatic relief of sore throat due to colds. Merocaine: Relief of pain and discomfort of throat infections. DOSE: Merocets, Merothol, Merovit: Adults and children over 6 years: One lozenge every 3 hours. Merocaine: Adults and children over 12 years: One lozenge every 2 hours as needed but not more than 8 in 24 hours. CONTRAINDICATIONS: Hypersensitivity to ingredients. USE IN PREGNANCY: No data available. SIDE-EFFECTS: Urticaria or other allergic reactions very rarely; transient burning sensation of mouth rarely. LICENCE HOLDER: Marion Merrell Dow Ltd, Lakeside House, Stockley Park, Uxbridge, Middlesex, UB11 1BE. PL NOS/LEGAL STATUS/PRICE: Merocets, PL4425/0024, GSL £1.71; Merothol, PL4425/0082, GSL, £1.74; Merovit, PL4425/0094, GSL, £1.74; Merocaine, PL4425/0028, P, £2.05 DATE OF PREPARATION: August 1994.

Meltus sales are set to rocket again



Last year, Meltus sales grew at four times the market rate* - thanks to your recommendation and Seton's first-time use of TV and women's press.

This year we'll be spending three times as much on TV and continuing women's press advertising - and without compromising your existing margins.

So, with your valued help, we can all look forward to another highly successful season for Meltus.

 Seton
Healthcare Group plc

Meltus is a Trade Mark of Seton.

*Source: Independent Pharmacy Audit.

MELTUS
melts away the misery
of coughs **fast**

- If a sore throat persists for more than five days, seek further advice
- Take plenty of fluids
- Avoid smoking if your throat is sore, as this will irritate it further.

Continued from p20

Pharmacy medicines and should be recommended appropriately, as the loss of sensation can make swallowing difficult for young children and old people.

Spays and mouthwashes are very effective for local treatment of a sore throat. Sprays can be used by children over six years, but mouthwashes are best recommended for older children who can use them correctly.

Simple analgesics with anti-inflammatory action, such as aspirin and ibuprofen, can reduce inflammation and relieve any pain associated with the sore throat. As patients with sore throats may have difficulty swallowing tablets or capsules, soluble analgesic products should be recommended. Gargling with a warm aspirin solution

is an old-fashioned but highly effective way of delivering the anti-inflammatory to the area where it is needed most. Remember that aspirin should not be given to children under 12 years of age because of the risk of Reyes Syndrome. As with all medicines, customers should be advised not to exceed the maximum daily dose of the product.

Laryngitis

Losing your voice may provide amusement for friends and family. They urge you to speak up as you hoarsely whisper, or they look blankly as you mime drinking a cup of tea. Laryngitis is an inflammation of the larynx. It is usually caused by viral or bacterial infection and often follows a cold.

Excessive use of your voice — "Come on you Reds!" for 90 minutes — could be another cause.

The hoarseness, which may progress to a complete loss of voice, is accompanied by a sore, dry throat, local swelling, difficulty swallowing and an irritating cough.

Some simple measures often bring considerable relief: rest your voice, and avoid irritants such as smoke and alcohol.

Persistent hoarseness requires referral, as in a

small number of cases it could be due to cancer.

Tonsilitis

A sore throat and pain, especially on swallowing, particularly in a child, could indicate tonsilitis, as children between the ages of three and nine years often suffer from recurrent tonsilitis.

Inflammation of the tonsils can be caused by a bacterial or viral infection. It can be spread through dust or droplets, particularly in

in bed and take plenty of drinks. If it is due to a bacterial infection, antibiotic therapy will be required.

Although most children grow out of tonsilitis, in severe recurrent cases, the tonsils may have to be surgically removed, an operation which has declined in popularity over recent years. Post-operative care includes plenty of fluids and, traditionally, jelly and ice-cream.

Antibiotic therapy

We're all only too familiar with the customer who comes in demanding antibiotics for a 'throat infection'. As the vast majority of sore throats are caused by viruses, an antibiotic would be of little use, but many customers do not understand this.

Bacterial infections are usually associated with a high temperature and a sore throat that persists for a number of days. Such patients should be referred to their GP as they will probably require a course of antibiotics.

Finally

A sore throat will usually resolve itself within a few days. In the meantime, the pain and discomfort can be relieved by OTC treatment with antiseptics, anti-inflammatories and local anaesthetics in a range of presentations.

Problem jobs

- Auctioneers
- Market traders
- Actors
- Telesales operators
- British Rail announcers
(would we be able to hear them any better?)
- Teachers
- Singers

poorly ventilated conditions.

In patients with tonsilitis, the tonsils, located at the back of the throat (two of them), look red and inflamed and may have white spots on them. High temperature, headache and a general feeling of illness are further symptoms.

In cases of acute tonsilitis, the sufferer is advised to stay



Cold can kill!

For fit, healthy people living in well-heated homes, winter cold is no real problem. But for an elderly person, who may be bed-ridden or living in an old, unheated house, cold is a potential killer. Read on to find out how some simple measures can save lives

Another winter looms, and with it the prospect of flu epidemics, floods, cold snaps and hard frosts, and even a 'White Christmas' in some parts of the country!

While coming into work on cold winter mornings is not pleasant, especially if you have to huddle around the heater until the shop warms up, at least you are not in as much danger from the cold as some of your customers.

The elderly, particularly those who are frail or unwell, can literally catch their death at this time of year, and your timely intervention could be all it takes to prevent a tragedy.

Every pharmacy has its 'regulars': you can no doubt think of many who come into your shop at least once a week, maybe every day!

Many of these will be

elderly people who live locally and for whom trips to the city centre or an outlying supermarket are rare. For them, the pharmacy can be a lifeline, somewhere not just to collect prescriptions but also for a chat.

Because of this regular contact, you are ideally placed to offer snippets of informal advice on keeping well and warm this winter. Just a few simple questions like "Were you warm enough in that cold weather last night?", "I have you got something nice and hot for tea?" can make a difference.

If you realise you haven't seen a certain 'regular' for a few days, and you don't remember them saying they were going away, why not call in on your way home?

The main reason why elderly people are at risk during the winter is

hypothermia — a condition where the body temperature drops too low.

We rely on the fact that our bodies have a certain temperature at which they function properly. If our temperature drops below 95-97°F (35-36°C), many of these vital processes slow down and, if the situation persists, a person can die.

Younger people have a number of reactions which help keep them warm, but in the old these are less efficient. Shivering, for example, helps generate heat in the muscles and 'goose-pimples' which raise our body's hairs, trap an insulating layer of air next to our skin. Simple things like exercise and eating regular, warm meals also help maintain our temperature.

As people get older, however, their bodies become less able to maintain a constant temperature and, at the same time, they get less sensitive to changes in external temperature.

Some elderly people are unable to move about easily, perhaps due to arthritis, or bad knee or hip joints. They may be bed-ridden. They obviously can't exercise to keep warm and may not even be able to reach up to get that extra blanket in the cupboard.

A regular, well-balanced diet is also important, but elderly people, particularly if they live alone, may not bother to cook for themselves. They may also be counting their pennies, worried about heating bills.

The main danger signs of hypothermia are:

- drowsiness
- slurred speech
- lack of concentration
- cold skin on parts of the

body normally covered, such as the stomach or armpits

- blue lips
- absence of complaint about feeling cold even in a bitterly cold room.

If action is not taken to correct the hypothermia, the person may lose consciousness and even die.

If you do come across a person suffering from these symptoms, you should try and move them into warmer surroundings. Wrap them in a light layer of blankets or a duvet to avoid further loss of body heat and give them a warm drink while you call a doctor.

Warm them up gradually, avoiding any extremes in temperature, and avoid giving alcohol as, contrary to popular belief, this can make matters worse.

If you know of old people living alone in your neighbourhood, why not drop in on a regular basis?

When the weather gets bad and roads get icy, they may not want to venture out to the shops and would welcome someone offering to pick up their groceries.

During your visit you can check that they are keeping warm and eating properly. You'll also be able to tell if the heating is working correctly or if a particular door is letting in a draught. Perhaps you know someone who could fix it?

Being a good neighbour may just mean popping in for chat and a cup of tea once a week. Nobody likes being alone and somehow these cold, dark winter evenings can make things seem that much worse. Why not give it a try — you'll be glad you did!

Savlon LUCKY NUMBER COMPETITION

Check the lucky numbers on your Savlon point of sale items against the list below.

If you have a winning number, call the Hotline on 071 431 5444 immediately and Savlon will send their adjudicator to verify that the point of sale item is on display in your pharmacy and award your prize.

Then choose the Hitachi 25" colour TV or a weekend in Paris - it's up to you.

THE LUCKY NUMBERS

1,652	13,422
2,888	16,802
5,962	17,109
6,312	18,214
8,916	19,975
9,011	20,845
10,861	23,648
11,901	24,217



Conditions:

1. All prizes must be claimed by telephoning the Hotline by 31/8/94.
2. Prizes will only be awarded if the adjudicator verifies that the winning number point of sale item is on display in the pharmacy.
3. Winning numbers are only published in OTC magazine or available from your Zyma representative.
4. The choice of prizes offered is available to the winner. However no cash alternative is available.
5. The winner must have the consent of the pharmacist / owner to participate.

Product of Zyma Healthcare, Holmwood RH5 4NU.

Apply some savvy. Apply some Savlon.

Be a good neighbour

If someone has had an accident in their home, has fallen or been taken ill, they may not be able to attract the attention of neighbours or passers-by.

Be a good neighbour and look out for the following signs that all may not be well:

- milk not taken in
- newspapers stuck in the letterbox
- curtains drawn or lights burning during the day
- home in darkness when there should be someone in
- a dog barking all day or cat scratching to be let in.



WHEN THE LAST THING THEY NEED IS A TENSION HEADACHE THE FIRST THING THEY NEED IS PARACODOL®

Today, three out of four headaches are tension headaches. And women with young children are four times as likely to suffer than the rest of the population.

Stress can lead to the pain of a tension headache, pain which can increase stress and lead to greater pain. It's a vicious circle. But the paracetamol and codeine in Paracodol is tough on pain, working fast to get rid of the headache, and break that circle of pain.

Just as Paracodol works fast to get rid of a tension headache, the new

advertising will work fast to get your customers asking for it.

There has never been an analgesics campaign which has more impact or more selling power. It starts in July in women's magazines and continues into 1995. That's over six months of high-profile, high-frequency national support for the pharmacist from Paracodol.

So, make sure that being out of stock won't cause you a headache when customers ask for Paracodol.



PAIN CAN'T HIDE FROM

PARACODOL®

ESSENTIAL INFORMATION **Each tablet/capsule contains:** Paracetamol BP 500mg and Codeine Phosphate BP Bmg. Paracodol tablets contain the equivalent of 1.5g of Sodium Citrate BP. For the treatment of pain, including muscular and rheumatic pain, toothache, migraine, neuralgia, sore throat, period pain and discomfort associated with influenza, feverishness and everish colds. **Dosage:** Dissolve tablets in water before taking. Adults: 1-2 tablets or capsules. If necessary, the dose may be repeated every 4-6 hours, with a maximum of 8 tablets or capsules in 24 hours. Children: 6-12 years: 1/2-1 tablet. Not more than 4 doses to be taken in 24 hours. Tablets are not recommended for children under 6 years, and capsules are not recommended for children under 12 years. Customers requiring tablets who are on a reduced sodium diet or who have renal or hepatic impairment should be referred to their doctor. **Legal Category:** P **Product licence holder:** Roche Products Ltd, PL 0339/0030, PL 0339/0035, PL 0339/0043. Date of last review 24th March 1994. **Pricing:** Soluble Tablets 10's: £1.30 10's £3.32. 60's £4.95. Capsules: 10's £1.25. 30's £3.13.



PRODUCT INFORMATION: **Presentation:** Gelatin capsules containing an oil containing as active ingredients, Levomenthol Ph Eur 35.55mg, Chlorbutol B.P. 2.25mg, Terpineol B.P. 66.6mg, Thymol B.P. 3.15mg, Purnell Pine Oil B.P. 1980 103.05mg, Pine Oil Sylvestris 9mg. **Uses:** For the symptomatic relief of nasal congestion and colds in the head. **Dosage and Administration:** Adults and children over 3 months: carefully sprinkle the contents onto bedding or material, avoiding the possibility of skin contact. Alternatively, add to a pint of hot water and inhale vapour freely. **Contra-indications, Warnings, etc.:** Karvol should not be used by patients who are sensitive to any of the ingredients. Not recommended for children under 3 months of age. Avoid contact with eyes and prolonged contact with the skin. Do not take internally. **Package Quantities:** Packs containing 10 or 20 capsules. **RSP:** Capsules 10s £1.69, Capsules 20s £3.09. **Product Licence No:** PL 0327/5914. Crookes Healthcare Ltd, Nottingham NG2



A little piece of quiet.

All children need warmth and affection, but those with nasal congestion also need effective relief.

That's what they get from Karvol. It allows them to breathe easily throughout the night; and it does so gently, as there's nothing to swallow or rub onto a child's chest. Simply dab the pre-

measured dose on a handkerchief tied to the cot, and the natural vapours of pine, menthol and cinnamon effectively unblock stuffy noses.

That means a good night's sleep for children and their parents - and keeps Karvol in front as the most recommended nasal decongestant for children.



Gently does it

Mouth ulcers are one of the commonest diseases affecting the inside of the mouth. The vast majority are minor and disappear without any treatment. The recent deregulation of Corlan pellets and the upcoming switch of Adcortyl in Orabase from POM to P means you will have more customers asking for advice on the subject.

A mouth ulcer is a break in the mucosa of the mouth. Recurrent aphthous ulcers, the most common form, appear as shallow, yellow or white ulcers on the tongue or inside the mouth, cheeks or lips. The ulcers can occur singly or in groups, are very painful and are often surrounded by an area of redness. Minor ulcers usually heal themselves within 10-14 days and often recur. Major ulcers are slightly larger and take longer to heal (10-40 days).

Herpetiform mouth ulcers can be distinguished from other types by their size and number — large numbers (up to 100) of very small ulcers.

These types of mouth ulcers tend to affect young adults more often than other age groups.

The exact cause of mouth ulcers is unknown but is thought to be an immune response. Contributory factors include:

- Dietary deficiency of iron, folic acid or vitamin B₁₂
- Emotional disturbance, stress
- The menstrual cycle
- Genetic disposition

In a few patients the mouth ulcers may be caused by other medication so it is a good idea to check what other medicines the customer is using. One side effect of drugs, such as phenobarbitone and phenytoin, is damage to tissue in the mouth.

Physical injury of the mucosa as a result of poorly fitting dentures or biting your tongue can also cause mouth ulcers.

Treatment of mouth ulcers aims to protect the ulcer area and, if necessary, to reduce any pain and inflammation.

Mouthwashes may relieve the pain associated with mouth ulcers. A simple saline or compound thymol/lycerin mouthwash can be made up with warm water. Use of antiseptic



Open wide

A wider range of OTC treatments for mouth ulcers means you could well be seeing the inside of more mouths. Do you know what to look for and when patients should be referred on? Maria Murray explains

mouthwashes, such as chlorhexidine or povidone-iodine, can help prevent secondary infection of the ulcers by bacteria. Studies have suggested that they may also speed up the healing process.

Good oral hygiene is also essential to prevent infection.

Orabase and Oradhesive are carmellose gelatin pastes which stick to the mucosa forming a physical barrier to protect the ulcer. They are suitable for ulcers caused by trauma.

Local analgesics can offer temporary relief from the acute pain of an ulcer. However, when applied to the mucosa they have a relatively short duration of action.

Local anaesthetics are available over the counter in a variety of forms. Patients

should be advised to apply the product frequently before the numbing effect of the previous dose has worn off.

Supplementation with vitamin B₁₂, folic acid or iron has led to improvements in some patients.

Some patients find benzylamine mouthwash or spray (Difflam) useful for relieving the pain and discomfort of mouth ulcers. If a customer complains of stinging with the full-strength mouth wash they should be advised to dilute it with an equal volume of water.

Corlan pellets, containing 2.5mg hydrocortisone, can now be sold without a prescription. The recommended dose is one lozenge four times daily.

You should advise the customer to place the pellet in their mouth next to the ulcer and allow it to slowly dissolve.

Adcortyl in Orabase has been included in the next POM to P order which is due to be passed at the end of 1994. It contains the corticosteroid, triamcinolone acetonide (0.1 per cent) in an adhesive base. The corticosteroid suppresses inflammation and the Orabase protects the ulcer. The adhesive paste formulation ensures the corticosteroid stays in contact with the ulcer for an adequate time.

Orabase products need to be applied carefully so it is important to check that a customer receiving Orabase knows how to use it properly. The ulcer area should be dried first — a cotton bud is suitable for this purpose. A small amount of gel paste should be dabbed on as a thin layer, taking care not to rub it in.

To prevent removal by food the paste should be applied two or three times daily after food or, if it is only to be used once daily, it should be applied at night after brushing teeth. At the moment Adcortyl in Orabase should be prescribed only for five days for children. Short-term use is also recommended for elderly patients.

Mouth ulcers are usually a minor and self-limiting ailment that can be effectively treated with OTC remedies. With the advent of more potent treatments it is essential that pharmacy staff can correctly recognise mouth ulcers, recommend appropriate treatment and know when to refer.

Referrals

If a customer is suffering frequently from large crops of ulcers or they are not responding to treatment, they should be referred to their dentist to rule out any serious underlying causes. A lack of response may mean that the wrong product is being used to treat the ulcer, that the healing process is impaired by an underlying disease or that the ulcer is still suffering trauma (eg ill-fitting dentures).

Smokers who have had an ulcer for more than two weeks should be referred for further investigation to exclude the possibility of cancer.

Win a weekend at a health farm and keep healthy inside and out



Keeping a healthy heart is important to all of us, particularly as a recent report from the World Health Organisation states that British women top the international league table for coronary heart disease. Only Finnish men have higher rates of heart disease than British men. Government reports say we should eat more healthily, particularly foods rich in fatty acids known as Omega-3, found primarily in fish. But how can we make sure that we maintain the necessary levels of Omega-3 as part of our busy lives and offer the right kind of advice to customers?

New Triomar

A new food supplement recently launched will offer a simple and convenient option for you and your customers. Triomar, launched by Prism Healthcare in the UK, is a unique, high quality nutritional supplement.

Triomar contains a 60 per cent concentration of Omega-3 fatty acids in their natural triglyceride form, over twice the level of most other products in the market.

Extracted from oil-rich fish, Omega-3 cannot be produced or stored by the body, despite the fact that normal bodily functions depend on receiving a regular supply. So, how can we get around this?

One solution is to eat a diet which is rich in oily fish. Eating a quantity of either mackerel, herring, mullet, salmon or halibut every day will provide enough Omega-3 for the body to function properly.

If this does not sound like the ideal diet for you or your customers, then don't worry, there is a much simpler solution. By taking just two capsules of Triomar every day, you will be receiving the right level of Omega-3 to help fight the battle against heart disease.

Of course, other factors such as stopping smoking, reducing alcohol intake, exercising regularly and eating a well balanced diet, will also help to reduce the risks. And, when combined with a regular daily intake of Triomar cardio-protective nutrition, you can be assured of providing your heart with the best protection possible.

The rules:

1. This competition is open to UK pharmacy assistants only. It is not open to employees of Prism Healthcare, their families or agents.
2. All entries become the property of Prism Healthcare.
3. Only one entry per person is allowed.
4. The closing date is November 7 1994. Entries received after this date will not be acceptable.
5. No alternatives, cash or otherwise will be given as prizes.
6. The editor's decision is final and no correspondence can be entered into.
7. The first correct entry out of the bag on November 7 will be the winner.
8. The prize winner may be liable to income tax and it is the sole responsibility of the individual to declare any such win on their annual income tax return.



The prize

Triomar is offering one lucky pharmacy assistant the chance to recharge their batteries and start a new healthy lifestyle with a weekend for two at Henlow Grange Health Farm, one of the leading health farms in the UK.

The lucky winner will also receive a six month supply of Triomar with two runners-up receiving a one month supply of Triomar all courtesy of Prism Healthcare.

How to enter:

All you have to do to enter, is answer the following three questions:

1. Where does Omega-3 come from?
 - a) Oily fish
 - b) Bread
 - c) Vegetables
2. What concentration of Omega-3 does Triomar contain?
 - a) 40 per cent
 - b) 60 per cent
 - c) 50 per cent
3. What is the recommended daily intake of Triomar?
 - a) 3 capsules
 - b) 1 capsule
 - c) 2 capsules

Complete your entry and send it to: Triomar/OTC

Competition, Chemist & Druggist, Benn Publications Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW

Name.....

Pharmacy address.....

.....Telephone

Triomar™
Cardio-Protective Nutrition

A fishy tale

Fish oils is one of the largest sectors within the dietary supplement market and is continuing to grow in popularity. Most of us can remember having to swallow a spoonful of cod liver oil as a child because 'it's good for you'. But what do fish oils do? Maria Murray reports

Fish liver oils have traditionally been used as a source of fat soluble vitamins such as A and D. More recently fish oils have been promoted for their beneficial effects in heart disease and rheumatoid arthritis. But how familiar are you with fish oils and omega-3 fatty acids?

Eskimo diet

The Eskimo diet gave us our first clue to the benefits of fish oils. Traditionally Eskimos ate large amounts of meat from seals, whales, walrus and the odd bear during the long winter, resulting in the highest consumption of fat in the world. However, to the amazement of scientists, Eskimos were found to have surprisingly low levels of coronary heart disease and a number of other diseases including rheumatoid arthritis. In fact heart attack is so rare among the Greenland Eskimos that there is no word in the Inuit language to describe it — in contrast they have 42 different words for snow.

The secret to the health of the Eskimos appears to be in their high consumption of cold water fish such as mackerel, herring and



salmon throughout the remainder of the year, eating up to 20lbs of oily fish a week. Unfortunately, the diet in Greenland is changing to include more 'Western' foods such as butter and sugar, and less fish.

What's in fish oils?

Fish liver oils are excellent natural sources of the oil-soluble vitamins:

- **Vitamin A** is necessary for healthy skin, hair and eyesight
 - **Vitamin D** helps the absorption of calcium and phosphorus which are essential for bones and teeth
 - **Vitamin E** has anti-oxidant properties and is reputed to assist in wound healing. In addition to the vitamins, fish oils contain long chain polyunsaturated fatty acids. The two most important omega-3 fatty acids are:
 - **eicosapentaenoic acid (EPA)**
 - **docosahexaenoic acid (DHA)**
- which have been shown to have health benefits.

Heart disease

Heart disease is the biggest killer of men and women in the UK. Omega-3 fatty acids appear to reduce the risk of heart disease by:

- Preventing blocked arteries
- Reducing the tendency of blood to clot
- Antihypertensive effect
- Reducing the viscosity of the blood
- Vasodilatation

Fish oils appear to exert their action partially through their inhibitory effect on thromboxane A₂, a substance that promotes narrowing of the blood vessels and blood clotting. Fish oils also promote the formation of prostacyclin synthetase (PGI₃), which has the opposite effects to

thromboxane A, being a powerful vasodilator and inhibitor of platelet aggregation.

Arthritis

Rheumatoid arthritis is an inflammatory disease which primarily affects the joints. Its exact cause is unknown but it is thought to have be associated with a disorder of the auto-immune system. Rheumatic disease is the single biggest cause of disability in the UK today affecting about 20 million people.

Fish oil supplements appear to inhibit a metabolic pathway which converts a substance called arachidonic acid to inflammatory substances such as leukotriene 4. EPA can act as an alternative building block in this pathway, producing series 5 leukotrienes which are less active than the 4 series. This also has the effect of reducing production of leukotriene 4. Some clinical trials have shown that fish oil supplements produced a modest reduction in morning stiffness, joint tenderness and joint pain.

Dietary sources

Although the Eskimo diet is an effective way of reducing the risk of heart disease, it is not practical for most people to eat 20lbs of fish a week.

However, two or three meals a week of oil-rich fish such as herring, mackerel, salmon or kippers, can contribute to a reduced risk of heart disease. Four to five ounces of fish per serving should be sufficient.

Supplements

For people who do not like fish or cannot eat it there is a wide variety of fish oil supplements. Cod liver oil in a liquid form has been used

for decades and is still very popular, particularly with older folk. Over 1 million litres are consumed in the UK every year.

If, however, the mere thought of swallowing a spoonful of oily liquid makes you feel a bit queasy there is a wide range of concentrated capsules available. The market for fish oil products has continued to grow as further medical evidence confirms the benefits of omega-3 fatty acids and manufacturers develop acceptable presentations of fish oils.

Unsuitable

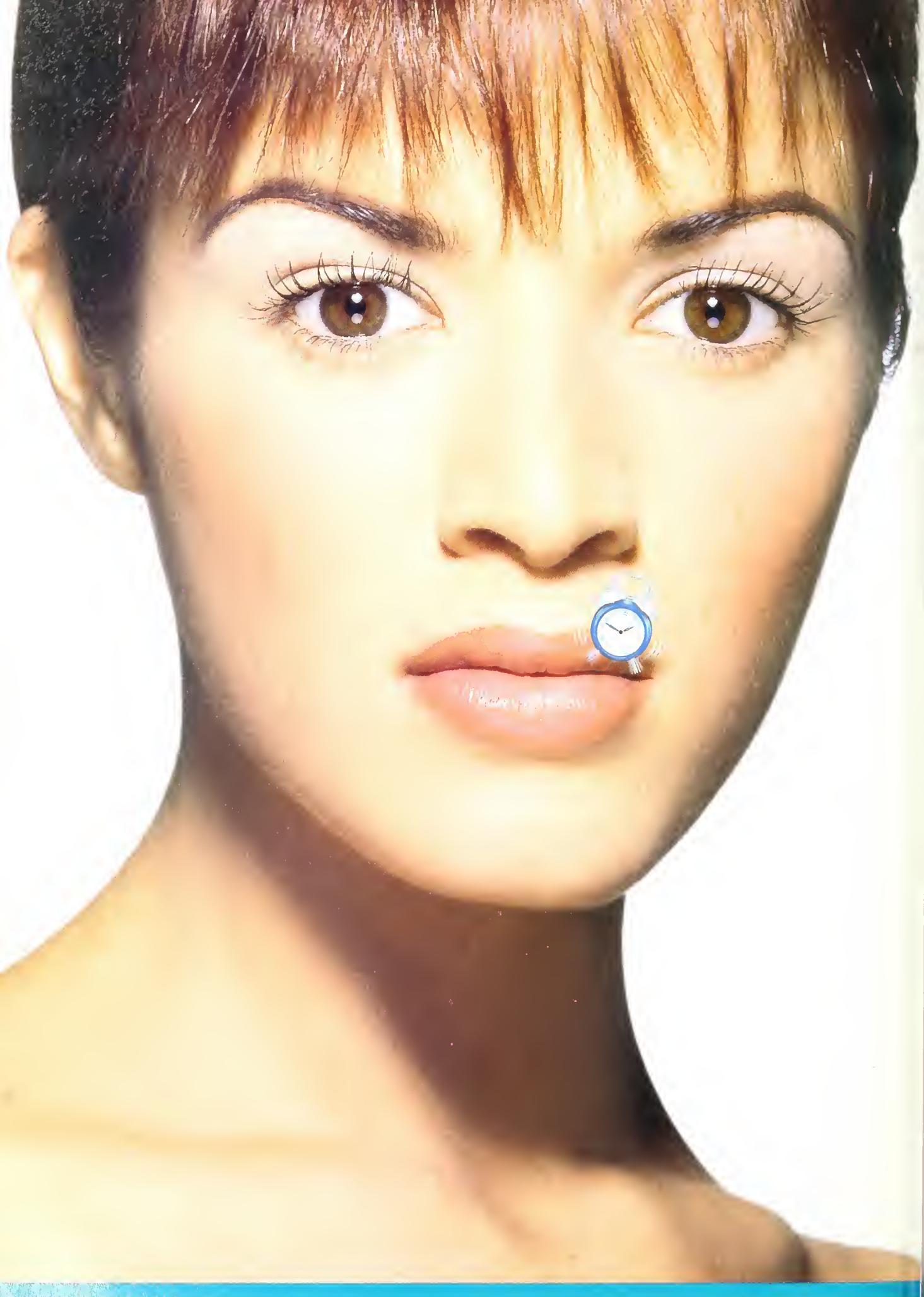
Fish oil supplements may cause problems for a number of patients. Omega-3 fatty acids can affect blood glucose control in non-insulin dependent diabetics; some reports have suggested a beneficial effect, some an adverse effect, so blood glucose levels need to be monitored. Fish oils are calorie laden and large amounts could pose problems for those on a weight control diet.

The ability of fish oils to reduce aggregation of platelets and prolong clotting time could pose problems for patients taking aspirin or other anticoagulants.

Excessive amounts of vitamin A during pregnancy can be toxic. Therefore pregnant women should be advised to select a fish oil product that does not contain vitamin A or to consult their doctor.

Conclusion

The public have great faith in fish oils as a cure for all ills. With your help the customer can get the maximum benefit from fish oils by using them appropriately and safely.



ESSENTIAL INFORMATION PRESENTATION 5% w/w aciclovir in water miscible cream base. USES Cold Sore treatment. DOSAGE AND ADMINISTRATION Apply 5 times a day for 5 days. It is important to start treatment as early as possible after the start of an infection, ideally during the tingle phase. If healing has commenced, treatment may be continued for up to an additional 5 days. CONTRA-INDICATIONS, WARNINGS, ETC Contra-indications Zovirax Cold Sore Cream contra-indicated in patients known to be hypersensitive to aciclovir or propylene glycol. Precautions Zovirax Cold Sore Cream should only be used on cold sores on lips and face. Do not apply inside the mouth or in the eye. Do not use for herpes infections of the eye or the genital area. Do not use if the patient is under

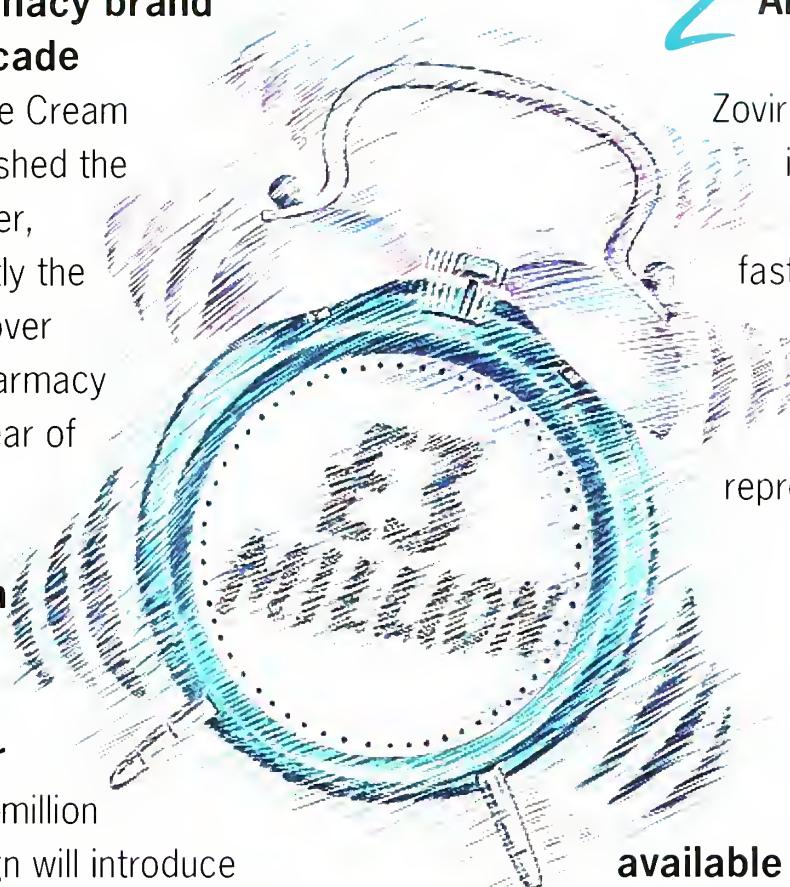
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*A.C. Nielsen M/A 1994



Home comforts

Have you ever wondered what sort of patients require domiciliary visits from your pharmacist? In the not too distant future, you may be involved in providing such a service. Jeremy Clitherow MBE, FRPharmS, a community pharmacist in Knotty Ash, Liverpool, highlights developments over the last few years — and who has benefited

Community pharmacists have been involved in domiciliary visiting for generations. As a schoolboy, on my bicycle, I used to deliver the prescriptions made up by my parents for the housebound residents of the community I now serve.

When I left school and became a pharmacy student, serving my pre-registration training for one of the big multiples, I used to be despatched, in the boss's mini-van, to deliver the bulky or difficult to obtain goods to the homes of the residents of a Lancashire market town.

Many years later, I took over the family business and found that the wheel had turned full circle. Admittedly, things have changed, but delivering goods to the patients at home still remains a vital part of community

pharmacy. Service it was and service it remains.

One major difference between now and years gone by is that the providers of services have recognised the importance of patients' health needs. It used to be the institution which dictated what was to be provided — the 'top down' rather than 'bottom up' approach. All that has changed.

We are now being constantly advised to become more sensitive to the needs of the patients, and look at the service we provide 'through the eyes of the patient', rather than through the eyes of the institution which is the provider of the service.

Patients want to be respected and treated as people, not diagnosed. Therefore, should the system

not cater for the needs of the person rather than their condition? It is Mrs Smith, who just happens to have a colostomy, who needs the bulky ostomy boxes. It is Mrs Jones, not the woman with the broken hip, who needs the silicone barrier cream to protect and preserve the condition of her skin, and to prevent the development of a bed sore.

One thing is certain, as more and more of the old-fashioned institutions, such as the converted workhouses which served as mental hospitals, are closed and razed to the ground, their former residents will be rehoused in the community, where they belong.

The difference is that patients used to be taken to where the services were, whereas now we take the

services to them in the community — the NHS & Community Care Act in action.

So who is going to attend to their needs and look after them? The answer is 'Us', all of us. The community will look after the community. In pharmacy we have a position of privilege. For years the local residents have invited us into their homes with their oxygen supplies. They have also requested our professional services in the form of sales of medicines and dispensing of their prescriptions from our pharmacy premises. When necessary they have called upon us to deliver those services to their homes.

In the very near future we shall see that extended service becoming an integral part of our routine. However, it will require

resourcing in capital, manpower and training.

Who will be doing this work? There is no reason to suppose that a trained and qualified medicine counter assistant — as all will have to be after January, 1996 — should not become the 'lead person' for this duty. He or she could practise their craft just as easily in the patient's home, at the bedside or in the lounge of the local residential home. Why restrict your profession to one side of the counter?

If training has developed your expertise in, say, the field of antihistamines, their respective properties, their strengths and weaknesses or, for instance, painkillers, with and without added anti-inflammatory properties, could you not benefit the housebound? They can't come to you so why should you not go to them?

There will always be the occasion when the need exceeds your limitations. In such cases you will want to refer the problem to your pharmacist, just as he, in turn, knows when to refer the patient on to the doctor.

Aside from the oxygen patients, the obvious beneficiaries of such a service are the housebound, who have limited powers of movement or transport.

Such patients could be people paralysed either as a result of a road traffic accident, or following a stroke. Theirs is the ultimate frustration of having an active mind imprisoned in a body which will not behave according to the instructions the brain is sending out.

To a lesser extent, those immobilised or limited by arthritis would also benefit from a domiciliary visit. Patients do worry about the continuity of their medication, particularly if interruption or discontinuation might bring about pain and locked joints.

The very fact that you or one of your colleagues has thought of this, reassured the patient, and offered to make sure that everything falls into place will be gratefully received in most cases. It could well mean a file of 'Don't forget to ...' notes on the calendar, for you, and for the rest of the staff. Once offered, though, the job is yours for keeps.

At times of frustration, and when you feel put upon by the ungrateful, think on

about the words of the Secretary for Health and the Chief Executive of the NHS. "There is a great range of people who make up the team", and "People should be able to feel proud to work in the NHS". The other apposite quotation has already been made, "Think of the NHS through the eyes of the patient". It is a team, hopefully one becoming more unified, and one of which we can feel justifiably proud.

Advancing years go hand in hand with progressive immobility. There are exceptions, but they are just that. Sooner or later most of us will fall prey to rheumatic joints and diminishing muscle tone. Failing vision and deafness can imprison a patient just as well as a broken leg. Deafness is not restricted to a failing perception of sound. It can just as easily go the opposite extreme. Tinnitus, a ringing in the ears, may just be an inconvenience of daily life or can be a deafening, roaring noise which blanks out all other sounds.

When you go to visit a deaf person, look straight at them, so they can watch your lips, and speak clearly and slowly. A pad of paper and a black, broad, felt tip pen are useful additions to start a conversation.

Seasoned experts also take a few pre-written postcards which say things such as, 'Good Morning, I'm June from Mr Patel's Pharmacy' and 'I've brought your medicines'. These little thoughts beforehand act as catalysts and start the conversation quite quickly. Do also remember to ask open questions. "What would you like to know about your medicines?" is so much more productive than "Do you know how to use this inhaler?"

The mentally ill are in a high-dependence class of their own. You might well find one of your regular customers suffering from Alzheimer's disease, another with schizophrenia, another who is acutely depressed or suicidal, or a mum with post natal depression, if only you bother to look.

Their common factor is that they would benefit from a visit from you. There is also a hidden reservoir of people who are literally terrified of going outdoors. Some will be true agoraphobics, fearing the outdoors and open spaces, others will be refugees, only

feeling safe when they are on their home territory.

This is probably the most varied group. Orthopaedic patients are renowned for being the best fun to nurse. They are not really ill, just confined to quarters. The malady could be anything from a sports injury to a broken shoulder, from a broken leg to a bunion. There is one caveat though: included in this classification could be the seriously ill with spinal injuries and broken necks. The moral is to check first and to act with professionalism at all times.

Also in the category of the walking wounded are the very new mums, the newly 'post ops', the hysterectomies, etc. They all have feelings, needs and frequently welcome a helping professional hand and a visit at home.

A variation on this theme is the carer who devotes his life to caring for an elderly parent or relative. It was always assumed to be the ageing daughter whose life was slipping past unnoticed. The truth of the matter is that it could just as easily be a son doing the same job. So often they feel morally bound to maintain their vigil, keeping within earshot, just in case. For this reason, they, too, are housebound.

Persistent leg ulcers bedevil some people. They have only to knock their shin against the edge of a coffee table and their skin breaks down into an ulcer. A complication of this scenario is that the patient is often ageing and has poor circulation in the lower limbs. Infections are common and healing is slow. The situation goes from bad to worse and they become progressively more housebound.

On any one day, most pharmacies will be catering for a handful of patients, such as these, and that excludes the ones in the nursing homes. Have you ever thought of sending off to companies for some of the specialist literature on the newer wound dressings, or even of attending one of their seminars so as to improve your knowledge?

Asthma still kills an estimated 2,000 otherwise healthy people each year. By definition, asthma is a reversible constriction of the airways. However, if the condition is not reversed, the patient can die. The tragedy

must be that the majority of these deaths are preventable.

Modern asthma therapy centres on a stepwise approach to controlling the symptoms. If the therapy is correct, the patient's lifestyle should be the same as yours or mine, with no symptoms and no prohibitions.

Nursing and residential home patients are your captive audience. Their needs will be many and varied, probably including all of the above and a good deal extra, too. They cannot collect their medication because of its bulk and quantity. It makes sense to do two jobs at once — deliver and counsel together.

For resourcing, most people read financing. It is much wider than that. The NHS and Community Care Act imposes a duty to provide the necessary services on the local authorities. They must provide whatever is necessary to satisfy the needs of their population. If you can satisfy the patients' needs — tell them, via your pharmacist and let the business flourish.

To those of us who have provided a domiciliary service for years, one of the most worthwhile comments, invariably made as you reach the door, is: "While you're here, my dear ..." That's what it's all about.



Tea time



with Gerard House

Everyone knows that wonderful sensation after a hard day's work, as you shut the door, put your feet up and relax with a refreshing cup of tea. Pure heaven.

Traditionally, tea has found favour among a wide audience, which today is growing as more and more people are keen to try the expanding range of teas available commercially, from the more familiar Indian and China teas to wonderful fruit concoctions like mango and passion fruit.

Throughout history, herbal combination teas have also been used for their health properties, although today many of us would find these unpalatable, even if we could easily obtain the required ingredients.

Which is why Gerard House has

taken the innovative step of launching a range of pleasant tasting instant herbal teas to meet the growing consumer demands for herbal drinks.

The market

Health drinks and herbal teas have shown remarkable growth during the last five years, helped by the increasing recognition of the positive role these natural ingredients can have on our lives.

According to statistics from Gerard House, the total value of the market, which stood at £13 million in 1988, will top £70 million in 1995.

The herbal teas market currently accounts for about 5% of the overall tea market in the UK, compared with the US where 20% of the teas sold are herbal, and Germany where herbal teas hold over half the market. So the potential, given the current trend towards a holistic approach to life, really is enormous.

The range

There are five teas in the range, all priced at £2.99, making them easily affordable for customers.

■ Sooth-A-Tea is a naturally caffeine-free tea for customers who want to relax at the end of the day, soothing away the day's trials and

tribulations with a combination of lemon balm, heather, and hops.

■ Sleek-A-Tea is a plum flavoured drink, ideal for people who want to keep up their fluid intake while counting the calories. Containing extracts of birch, plum, and mate, the tea contains only 4.7 calories per 125ml cup, and has the added benefit of containing 66% of the recommended daily allowance of vitamin C.

■ Vig-A-Tea is designed for people who lead an active lifestyle. Revitalising Damiana aphrodisiaca is combined with invigorating rosemary, refining raspberry and stimulating mate, all in a delicious orange flavoured daytime drink.

■ Eez-A-Tea is a warming drink for people who want to keep healthy in those rapidly approaching winter months. With a natural lemon flavour, Eez-A-Tea comprises thyme, plantain and rose hip, plus the important health ingredient, vitamin C.

■ Fem-A-Tea is a blend of herbs specifically for women. The soothing qualities of black cohosh and yarrow, and agnus castus, to help maintain a normal hormonal balance, are teamed with vitamin C, B6 pyridoxine often chosen as a supplement by women at certain times of the month, and folic acid.



The pharmacy is often the first stop for purchases of vitamins and other supplements. But how much advice should you offer a customer about vitamins — their natural sources or the recommended daily amounts? Zita Thornton briefly reviews the area

Which? Why? How much? — a guide to vitamins

With the approach of winter many people start to consider ways of maintaining their body in tip top condition in order to ward off seasonal ailments. Taking vitamin supplements is one way of doing this. Other people will be looking for vitamins to meet specific needs such as during pregnancy or to combat stress.

The following guide should allow you to give advice on what vitamin is best taken to meet your customers' specific needs.

What are they?

Vitamins are substances that are required for the normal functioning of the body. In general they have to be obtained from the diet, as they cannot be manufactured by the body.

Although only small amounts of the different vitamins are needed they are essential to our wellbeing. Most vitamins are found naturally in various types of food but the freshness of that food and the way we store and prepare it will effect its vitamin content.

At other times, such as pregnancy or when suffering a loss of appetite, we may not be getting the required levels of vitamins.

Vitamins fall into two categories:

- those which dissolve in water and are excreted, (vitamins B and C). They cannot be stored in our body tissues so we need a regular supply
- those such as vitamins A, D and E which dissolve in fat and can be stored in the body.

Vitamin A

Vitamin A raises resistance to infection and aids growth and strong bones and teeth. It promotes healing, healthy skin and good nighttime vision. Vitamin A is also said to have some antioxidant properties.

In the form of retinol, it can be found in liver, kidney, milk, eggs and butter. As carotene it is present in green vegetables, carrots and yellow/orange fruits such as peaches.

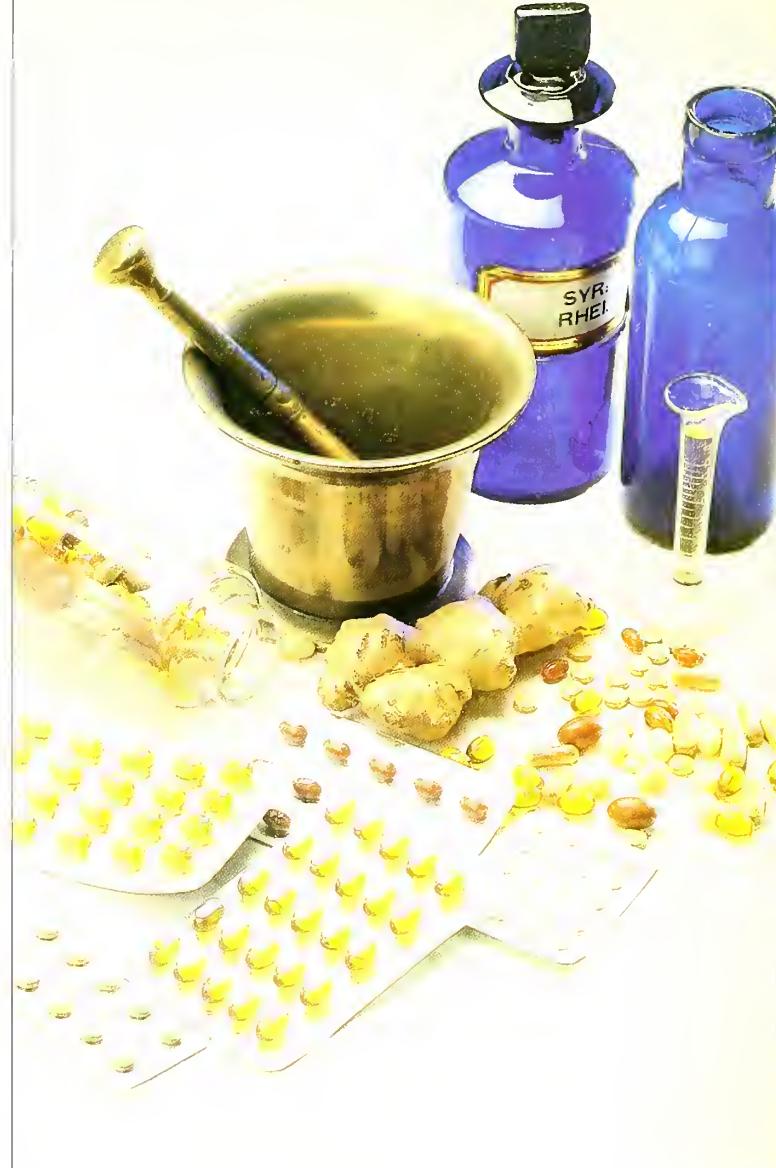
Exceeding the recommended dose of 750 micrograms a day should be avoided during pregnancy as it may cause birth defects. Pregnant women should check with their doctor or ante-natal clinic before taking vitamin A supplements or fish oil products.

Deficiency of vitamin A, which is rare in Britain, can lead to night blindness, a dry eye condition or skin disorders.

Overdosing on vitamin A can also have some unpleasant consequences — rough skin, an enlarged liver and loss of appetite. Some Arctic explorers, who overindulged in polar bear liver, suffered acute vitamin A poisoning. Their symptoms included sluggishness, headache, vomiting and peeling of the skin.

Vitamin B complex

Vitamins of the B complex are classed together because they are found together in many foods. The three main B vitamins: B₁ (thiamine), B₂ (riboflavine) and niacin, work together to release energy from foods. The



recommended daily amount is 1.5mg.

These three aid digestion and, along with vitamin B₆ (pyridoxine), they benefit the skin, nerves and muscles. Some people find that taking vitamin B₆ prior to a period helps to alleviate premenstrual tension. Others take it to avoid nausea in pregnancy.

Vitamin B₁₂ is important for cell formation and the production of red blood cells. The minimum daily amount required of this vitamin is 3 micrograms (mcg).

As this group of vitamins is found in most meats, especially liver, fish and milk, strict vegetarians may be at risk of a deficiency of the B vitamins.

Folic acid, another B vitamin, taken before and during early pregnancy, reduces the risk of having a baby with spina bifida.

Because these vitamins dissolve in water they are

easily lost during the washing and cooking of vegetables, and also when vegetables are stored at room temperature.

Deficiency of thiamine can lead to beri-beri disease which can, in extreme cases, result in heart failure or paralysis.

Vitamin C

Also known as ascorbic acid, vitamin C is essential for the health of cells, blood vessels, gums and teeth. It also helps with healing and with the absorption of iron from food. More recently attention has been focused on vitamin C for its antioxidant properties, protecting the body from the effects of free radicals.

The recommended daily amount in the UK is 30mg, although in the United States they recommend 60mg, and in Holland 75mg.

It has been found that the average intake of vitamin C

Continued on p36 ►

Children and vitamins

Research on the diets of 5,500 families found that children today are eating less fruit and vegetables and more 'junk foods' which are putting some children at risk of vitamin deficiencies.

Adolescents on slimming diets are putting themselves at further risk and the trend towards eating less meat, breakfast cereals and milk at this age is resulting in a deficiency of vitamin B₂.

A Government survey also showed that older girls were receiving 60 per cent less than they needed of vitamin A — essential for growth and the structure of skin.

Growing bones need calcium so vitamin D is recommended, especially during winter when there is less sunshine.

Studies carried out on school children show that giving vitamin and mineral supplements resulted in improvements in behaviour and learning as well as an improvement in general health.

Evidence from many nutritional studies indicates that adolescents, and girls in particular, would benefit from taking vitamin supplements.

is the third of the ACE vitamins which are said to have antioxidant properties.

It can be found naturally in wholemeal bread, nuts, vegetable oils and green vegetables and we should have at least 30mg a day.

Pregnancy

Both during pregnancy and immediately prior to conception it is important that the body has adequate amounts of vitamins, yet loss of appetite, due to nausea in the early weeks can result in a deficiency. Reducing alcohol intake and smoking, which can deplete the amount of vitamins, especially vitamin C, will help, too, and supplements may be needed. It is recommended that the intake of vitamin C should

Continued from p35

in Britain is 55mg, especially in summer when a wide variety of fruit is available. However, many people who eat little fruit are getting only 10mg a day.

Fruit and vegetables are the only natural source of vitamin C but it begins to be destroyed from the moment of harvesting. Further depletion is caused by peeling, slicing, cooking or being kept warm. Blackcurrants, tomatoes, potatoes, oranges and other citrus fruits are all good sources of this vitamin.

Vitamin C supplements may help to replace what is used by the body in fighting coughs and colds. It won't cure a cold but it may help to reduce the symptoms and, as it cannot be stored in the body, it is impossible to overdose.

Deficiency of vitamin C causes scurvy, a condition associated with swollen gums, loose teeth, slow healing of wounds and easily fractured bones. Scurvy was a particular problem for sailors in the 17th and 18th centuries who had little access to fresh fruit and vegetables on the high seas. During the 18th century lime juice was added to the rations of the British Navy which is where the term 'limey' originated.

Vitamin D

Vitamin D is found only in a few foods, such as oily fish and egg yolks. Most of our vitamin D is produced when the skin is exposed to sunlight. The rate of synthesis of vitamin D in the skin is determined by the exposure to ultraviolet radiation and the colour of the skin.

We need at least 10mcg a



day of vitamin D to help absorb calcium from food, so it is essential for strong bones. A deficiency in this vitamin will lead to rickets and osteomalacia.

Air pollution can reduce the amount of sunlight reaching the skin. Night workers and miners are also more prone to vitamin D deficiency. The full length habits that nuns were required to wear in olden days effectively blocked the sun and in some cases led to deficiency syndromes.

Vitamin E

Vitamin E protects the fats which are part of the cell structure and guards tissues against damage from pollutants. It helps to regulate the biochemical changes which are part of the aging process. Vitamin E

be increased by 100 per cent.

Folic acid will be needed by the foetus for cell growth and it has been shown that taking an increased amount of folic acid when planning a pregnancy, and during the first twelve weeks, will also help to avoid the incidence of neural tube defects, including spina bifida, in the baby.

A daily supplement of 400mcg is recommended as well as a diet of folate-rich foods such as liver, sprouts, broccoli, spinach and fortified bread or breakfast cereals.

Pregnant women need vitamin B12 to guard against anaemia. As more calcium is needed during pregnancy and while breastfeeding, extra vitamin D will help the absorption of calcium.

Convalescents

After an illness, be it the common cold or a more serious infection, vitamin levels will be depleted as the body has had to cope with the additional demands put on it, and struggles to return to normal. Further loss may have occurred due to lack of appetite and improper eating during the illness.

Vitamin A and B₁ may be lost during the course of a fever as the body's metabolic rate will have been increased. Vitamin B₂ levels may also be low due to poor dietary intake, while a feeling of lethargy can result from a deficiency of iron, B₁₂ and folic acid.

This lack of energy and poor defences can hinder recovery.

Levels of vitamin C in the adrenal glands drop during fatigue or infection, or when we are suffering from flu or colds.

Injury, heart attacks or surgery will lower levels of vitamin C in the blood. Taking extra vitamin C during these times can reduce the ill effects.

Advancing years

Changes in the body, illness and an apathy towards a proper diet in those who live alone will all take their toll on levels of vitamins in older people.

The processing of vitamin D is less efficient in the elderly. As this has a significant effect on the absorption of calcium it is particularly important for older women at risk from osteoporosis. Folic acid is less easily absorbed and it is possible that levels of vitamin C are reduced, too.

Clearly, the older person needs to increase their intake of certain vitamins.

Conclusion

Eating a well balanced diet with plenty of fruit and vegetables will provide an adequate vitamin intake for most people and, in general, vitamin deficiency is not common. However, as there is considerable demand for vitamin products it is important that you are familiar with the vitamin products you stock — what vitamins they contain, how many provide the recommended daily intake, if they should be taken at a particular time, and any other information that helps the customer make an informed choice.

WHEN THE FORECAST IS FOR INDIGESTION...

HEARTBURN



ACID INDIGESTION



TRAPPED WIND



ASILONE BRINGS FAST, EFFECTIVE AND LONG LASTING RELIEF

Product Information. Asilone Liquid and Suspension: White suspension containing in each 5ml dried aluminium hydroxide BP 420mg, light magnesium oxide BP 70mg, activated dimethicone 135mg. Dosage: Adults and Children over 12 years 5-10ml liquid after meals and at bedtime. Pack size 200ml, 500ml. Not suitable for children under 12 years. Asilone Tablets: each tablet contains dried aluminium hydroxide BP 500mg, activated dimethicone 270mg, also contains sucrose 11g. Dosage: Adults and Children over 12 years, 1 or 2 tablets to be chewed or sucked before meals and at bedtime. To relieve heartburn the tablets to be sucked slowly. Pack size 24. Not suitable for children under 12 years. **Uses:** Asilone Liquid, Suspension and Tablets are effective in the relief of indigestion, flatulence, acidity and heartburn. **Warnings:** Antacids may interfere with the absorption of tetracyclines, rifampicin, warfarin and digoxin - if taken at the same time. Asilone is not recommended in flatulent abdominal distension possibly related to intestinal obstruction. Antacid preparations should not be administered in severe debilitation or renal impairment. **Pregnancy:** Antacids should not be used during the first trimester. **Overdosage:** No cases of overdosage have been reported. In healthy people, the components of Asilone are not expected to cause specific local or systemic toxicity even in acute overdosage. **Sodium:** The sodium content of Asilone Liquid, Suspension and Tablets is extremely low, making these especially suited where there is co-existing hypertension, congestive heart failure, hepatic and/or renal failure. **Pharmaceutical Precautions:** Suspension and Liquid - do not freeze. **Product Licence Number:** Asilone Liquid: 0327 0058 Asilone Suspension: 0327 0057. Asilone Tablets: 0327 0055. **Licence Holder:** Unichem Healthcare Ltd. **Legal Category:** GSL. **Price:** Liquid £2.45, Suspension £3.44, Tablets £2.65. **Distributor:** Seton Healthcare Group plc, Tibuton House, Oldham, OL1 3HS, Lancashire 061 652 2222. **Date of Revision:** September 1994



Seton
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'I think I've got heartburn'

Indigestion and heartburn are common problems and many people will visit your pharmacy for advice about these conditions and how to treat them. Trudy Thomas, MRPharmS, explains how to recognise these problems and reviews currently available OTC remedies

Until recently the choice of treatment for indigestion and heartburn was limited to the traditional indigestion remedies. Customers can now buy much stronger medicines, previously available only on prescription.

We will look at the causes of these conditions, and consider what questions you need to ask and when you must refer customers to your pharmacist.

What are they?

Ask yourself a question. What is the difference between heartburn and indigestion?

Take a few minutes to think then compare your answer with the text below.

Both indigestion and heartburn are caused by excess acid. Normally acid is produced by the stomach in the amount the body needs to help break down food. Because acid is harsh, the stomach has a special lining to protect it from attack.

Indigestion occurs when the stomach produces too much acid and the protective lining becomes damaged. The result is pain in the lower abdomen (tummy). Often sufferers will complain of feeling bloated,



or sick and they may experience wind.

Heartburn is caused by the upward flow (reflux) of acid into the pipe that carries food from the mouth to the stomach (called the oesophagus). The oesophagus doesn't have a protective lining and so becomes inflamed and irritated by the acid.

The pain of heartburn is felt in the chest and sometimes in the throat and back. Sufferers will often complain of a burning sensation. A general term for both indigestion and heartburn is dyspepsia, which literally means 'bad digestion'.

Causes and effect

Jot down on a piece of paper any causes of dyspepsia you can think of. Compare your answer with the list below.

The causes of indigestion and heartburn include:

- eating too much or too quickly
- eating fatty, greasy or highly spiced foods
- tea, coffee, alcohol and smoking
- lying down at night (called nocturnal heartburn)
- bending

- being overweight
- pregnancy
- stress
- certain medicines, eg aspirin, ibuprofen

Asking questions

As the trend continues for stronger medicines to be available without prescription, it becomes increasingly important for counter assistants and pharmacists to check that customers are buying the right medicine and know how to use it. To help, all pharmacists will be developing guidelines which cover the way their staff sell medicines. An important part of these guidelines will be what questions to ask customers.

The '2WHAM' questioning method covers the types of questions you need to ask customers requesting advice. Make sure you know exactly what questions your pharmacist wants you to use.

2WHAM

- W — Who is the medicine for?
W — What are the symptoms?
H — How long have the symptoms been present?
A — Has any action been

taken so far?

M — Does the customer take any other medicines?

Let's see why these questions are important.

You need to know who the medicine is for; it isn't always the person in the shop. It could be for their relative, friend or neighbour.

If a customer says they have indigestion they may not be using the word in the same way that you are, so you must find out exactly what the symptoms are. Be on the look out for any symptoms that make you think something more serious might be wrong. If necessary ask more detailed questions, such as: 'Is the stomach pain worse after eating?', or 'Is it worse at night?'

Another sign that something more serious might be wrong would be if a customer had symptoms continually for longer than 24 hours, or if they had suffered on and off over two weeks or more, or if they had tried a product that should have helped but didn't.

Finally you must always

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£1.5M
National TV Campaign



Watch it shake up the market

new

Improved Great Tasting Formula

new

Milk Shake Flavours

new

TV Commercials with £1.5 million spend

new

Non-Drip Bottle

new

Easy Open Tamper Evident Cap

new

Dosing Cup

 **STERLING
HEALTH**

All this activity will bring in new users and expand the market*

Great Tasting Phillips Milk of Magnesia - Available Now

*Independent Research

Product Information: Active Ingredients: Milk of Magnesia liquid 415mg magnesium hydroxide per 5ml dose. Milk of Magnesia tablets 300mg Magnesium Hydroxide Ph Eur per tablet. Indications: Milk of Magnesia liquid coats the area of discomfort to give soothing relief from upset stomach and indigestion. Milk of Magnesia tablets: Indigestion, over acidity, flatulence and mild heartburn. Contra Indications: Known hypersensitivity to magnesium hydroxide or any of the excipients. Dosage Instructions: Milk of Magnesia liquid Adults take 1-2 5ml teaspoonsful or full dosing cup to first or second line. Repeat as necessary to a maximum of 12 teaspoons (60ml) in 24 hours. Children 3-12 take one 5ml teaspoonful (first line in dosing cup). Repeat as necessary to a maximum of 6 teaspoons (30ml) in 24 hours. Under 3 (As recommended by your doctor). Milk of Magnesia tablets: Adults - chew or suck 2-4 tablets, repeat as necessary. Do not take more than 16 tablets in 24 hours. Children (6-12) - chew or suck 1-2 tablets, repeat as necessary. Do not give more than 8 tablets in any 24 hours. Children under 6 not recommended. Note: Milk of Magnesia liquid can be taken with milk or water if desired. DO NOT exceed the stated dose. Overdosage may cause diarrhoea; other symptoms are only likely if the kidneys are not working properly.

Unit Prices: Raspberry and Banana liquid 100ml £1.65, 200ml £2.80. Mint liquid 100ml £1.65, 200ml £2.60. Raspberry and Strawberry tablets 30's £1.45. Mint 24's £1.25, 72's £2.45.

Duct licence: Raspberry liquid PL0071/5014. Banana liquid PL0071/0395. Mint liquid PL0071/0309. Strawberry tablets PL0071/5015. Mint tablets PL0071/0310. Raspberry tablets PL0071/0402.

Product category: GSL Product Licence Holder: Sterling Winthrop Group Ltd, One Onslow Street, Guildford, Surrey, GU1 4YS. Phillips and Milk of Magnesia are registered trademarks.

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ask if customers take any other medicines. This includes prescription products, over the counter medicines, herbal and homoeopathic products.

When you ask the 2WHAM questions, try to make them part of a normal conversation with the customer — no one likes to be interrogated! It might be a good idea to explain to people that in order to check a medicine is suitable for them you will need to ask some questions first.

Some customers may have seen indigestion products advertised on the television or had them recommended by friends and so will ask for them by name. If the medicines are P (Pharmacy only medicines) you must check that the product will suit them. The best way to handle this is to ask if the person using the medicine has done so before.

If they haven't you can then ask the 2WHAM questions. If they have you can still mention any important points about the product while you are putting it in a bag. For example, you could say: "This is a good product, but it can sometimes make

people constipated. If you are affected in this way, please come in and have a chat with the pharmacist."

When to refer

Another important part of your job is to identify customers who need to talk to the pharmacist. Think about each of the 2WHAM questions. What answers to those questions would make you refer to the pharmacist? Make notes on a piece of paper then compare with the paragraphs that follow.

There are four groups of customer with indigestion or heartburn that you must always refer to a pharmacist:

- Children
- Elderly people
- Middle-aged people suffering symptoms for the first time
- Pregnant or breast feeding women

Generally you should always refer all children under eight years to your pharmacist. However, indigestion is rare in children and it will probably be safer to refer anyone under 12. Check with your pharmacist now what age they would like you to refer children with indigestion and heartburn.

Indigestion in the middle-aged and elderly could be a sign that something more serious is wrong.

You should refer pregnant and breast feeding women because any treatment given to the mother could affect the baby.

Medical conditions such as gallstones, hiatus hernia, ulcers and stomach cancers can all give symptoms similar to indigestion and heartburn, and for this reason you should refer

Treatment

Treatment of indigestion and heartburn is divided into the traditional indigestion remedies and the new products — the H₂ antagonists.

There are three basic types of ingredient found in traditional indigestion remedies. They are often combined to make them more effective

1. Antacids

Literally 'anti-acids', they mop up or neutralise excess acid. Examples include aluminium hydroxide, magnesium trisilicate, calcium carbonate and sodium bicarbonate.

Sodium-containing products cannot be taken by people with raised blood pressure and pregnant women.

Aluminium can cause constipation, and magnesium diarrhoea, which is why the two ingredients are often found in combination to cancel out any unwanted effects.

2. Alginates

These are particularly useful in heartburn. When swallowed they form a 'raft' which sits on top of the stomach contents and prevents the acid flowing upwards. An example is sodium alginate, an ingredient of Gaviscon.

3. Anti-flatulents

These products help with the wind by breaking down the bubbles of gas, making them easier to get rid of, eg dimethicone in Windcheaters.

Traditional ingredients come as tablets and liquids. Liquids tend to work faster, but tablets are often more convenient for people to carry round.

been used widely on prescription before they were made available over the counter. They have the advantage of relieving indigestion and heartburn for longer than the traditional remedies.

Tagamet 100 can also be used to prevent nocturnal heartburn.

Many pharmacists will want to be involved with all sales of these medicines and this may be in your pharmacy guidelines. If this is the case, then you may still be able to ask the 2WHAM questions, but once you have the information you can summarise it for the pharmacist to save time.

You might say: "There is a lady in the shop who gets indigestion about twice a week. She has a bad tummy pain, which is worse after eating. She doesn't take any other medicines although she has tried indigestion mixtures in the past which have helped. She would like to try Pepcid AC which a friend has recommended — could you have a word?"

Have a look at the H₂ antagonist(s) you sell. Read the pack(s) carefully and test yourself by trying to answer the following questions.

- What is/are the main ingredient(s)?
- How should it/they be taken?
- How long can these products be taken for before the customer needs to see the pharmacist or doctor?

Who for?

In general H₂ antagonists are suitable for customers who:

- Have symptoms of heartburn, indigestion or dyspepsia
- Are over 16 years old
- Are not pregnant or breast feeding
- Have not had previous treatment for an ulcer
- Are not undergoing current medical treatment
- Are not taking other medicines

Summary

The availability of the H₂ antagonists means that more people will be asking in the pharmacy for advice about indigestion and heartburn. Counter assistants must be able to respond to requests, not only for advice, but for the products by name. By asking questions carefully and referring to the pharmacist when needed you can ensure that your customers get the best possible care when they visit your pharmacy.

Lifestyle Advice

Aside from selling a product to relieve symptoms you may be able to offer some general advice about reducing the number of attacks of indigestion and heartburn, but you must be tactful. Bear in mind that someone who is suffering from indigestion or heartburn regularly should see the pharmacist to make sure nothing more serious is wrong.

Here are ten top tips for preventing heartburn and indigestion:

1. Give up smoking
2. Lose some weight (if appropriate)
3. Reduce or cut out alcohol
4. Reduce stress and increase relaxation
5. Avoid foods which trigger attacks, eg spicy foods
6. Eat little and often rather than having big meals
7. Avoid food for several hours before going to bed at night
8. Eat slowly
9. Avoid tight or restrictive clothing
10. Raise the bed head for sleeping at night.

Coaching at work



Anyone who plays sport or watches it will be aware of the role of the coach. Coaching can also be carried out at work when an individual's manager, or more experienced colleague, offers to help and advise or assist the individual to learn while they are at work.

Just as the footballer's or the ice skater's coach teaches the players or skaters more while they are actually playing or skating so, too, you can help colleagues learn as they work in your pharmacy.

In the last article in this series, I talked about identifying training needs and developing with your pharmacist and colleagues lists of what people joining your pharmacy need to know and learn at induction, and in order to carry out their job effectively. There are a number of ways that people can learn what they need to know:

• by going on a course

Coaching is not reserved exclusively for sports people. It is an important form of training in the pharmacy, where more experienced staff help and advise other members of the team. Training consultant Diane Bailey explains what coaching is and why it's so important. It also takes less time than many other training methods

- from one-to-one instruction
- by picking it up as they go along
- from mistakes.

At certain times the first two methods mentioned will be correct, and the best way for the individual to learn. Picking things up as they go along can be quite useful at times, provided you can be sure that what people are picking up is what they should be picking up.

Learning by making mistakes can be very costly, not only in terms of the

results of the mistake — upset customers, money lost to the pharmacy by till errors, broken or damaged stock, etc — but through the lack of confidence which mistakes can cause the individual concerned.

What is coaching?

Learning can take place in a number of situations, depending on what is to be learned. Technical, or theoretical knowledge can be learned off the job, from books, magazines, courses or computers. The application

of a skill or technique, whether it be the application of a new make-up or the working of a new cash register, cannot be learned only in a training room; it requires practice in a real situation, and that has to be at work. Trying things out in practice does help people to learn provided they receive feedback or helpful comment on how they have done.

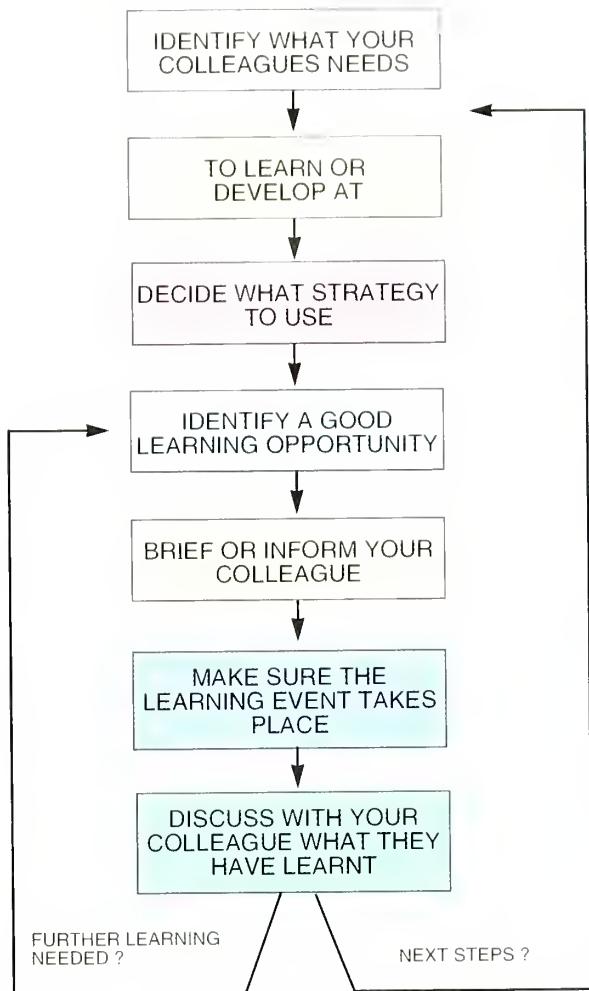
Much of what an individual learns at work is learned on the job. Without help and guidance this can be a haphazard and disheartening way of doing things. Where help and guidance (in other words coaching) takes place, experience can be guided and people can learn both quickly and effectively.

Some people think that training on the job and coaching are the same thing. They can be, but do not have to be. Generally

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The Coaching Process

This is simple, the stages are:



The process can be repeated as often as you and your colleagues wish

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speaking, when you train someone on the job you will spend as much time on the exercise as the person trained. In coaching you do not have to tie up as much of your time as that. In fact, of all the ways of providing training, coaching takes up the least amount least of your time.

Identifying needs

You can identify what your colleague needs to know systematically, but simply, in a number of ways:

- talk to your colleagues and see what areas they would like to know/learn more about
- look together at any current problem areas. Are there any objectives not being met? What jobs or tasks cause problems or difficulties?
- look at the foreseeable future. Will there be any work changes? Will there be any new products? Is there any forthcoming promotion which will be new to your colleague?

- is there any part of your work or the pharmacist's which you feel will need to be delegated to your colleague?

Decide on a strategy

Once you know what your colleague needs to know you can take a decision about how to ensure the necessary learning takes place.

You will need to think about:

- what is to be learned
- your colleague's preferred way of learning
- the resources and possibilities that are available to you
- work conditions and opportunities
- when time can be made available.

Opportunities

You will need to think about learning opportunities which will exist for you to use. Whether the appropriate opportunity will happen naturally or whether you will need to set up an opportunity.

Some of the possibilities you could use include:

- helping the individual gain an insight into your work, different kinds of customers, different payment methods, new products
- specific projects, eg set up a small display, clear the window display and replace stock, fill out a returns slip to a supplier, arrange a refund or exchange for a customer, preparing for known changes, taking on new responsibilities

Briefing colleagues

Don't throw anybody in at the deep end, but don't tell your colleague exactly how to do everything. Your colleague will learn more by carrying out the task their own way but with some general guidelines.

Give all the necessary background information, and help your colleague to think through any problems. Again, do not necessarily identify problems and

task/learning opportunity. If appropriate or necessary supply positive feedback.

Final discussion

Discussing with your colleague what they have learned is the final stage of your involvement. Try to find answers to these questions:

- what did your colleague learn?
- what could they have done better?
- what went particularly well?
- were there any problems and if so how were they solved?
- what further learning or experience would your colleague like?

Incidentally, you will need to time this final discussion carefully. Too soon and your colleague may feel 'got at', too delayed and they may feel neglected.

Your attitude

Being a good coach depends on your attitude. You will need to be:

- on the lookout for useful opportunities
- willing to adopt opportunities which present themselves at short notice
- willing to take an occasional, considered risk
- willing to delegate tasks which your colleague will see as useful to the pharmacy and not just boring or repetitive work
- prepared to sit back and avoid interfering even if you think you could do things better or faster
- willing to talk, explain and discuss things freely and firmly.

It's important

Coaching allows you to use real work to develop your colleagues. You can use coaching to improve someone's performance, to meet standards, to help someone expand to match a developing role or job, and to offer new opportunities.

Coaching is likely always to be necessary because things change, and your pharmacy is no exception. Effective coaching will help you and your colleagues to develop to meet the future needs of your pharmacy and its business.

(Diane Bailey runs Diane Bailey Associates, a training consultancy in Rochdale, Lancashire)



solutions, get your colleague to do so.

Be precise about levels of authority; what your colleague can do on their own and when/where they need to refer to you or to the pharmacist.

Finally, agree when you will talk through the experience with your colleague and stress that you are available to help if you are needed.

What's happening

Keep your eye on what is happening, but don't hassle unnecessarily. Be prepared to help with any special arrangements, but let your colleague get on with the

Lynx Systeme smoothes the way to effortless male skincare



Test your knowledge of the new Lynx Systeme shaving and grooming range and you could not only win a Marks & Spencer voucher but also help your male customers achieve great looking, super soft skin.

According to latest research by Lynx, one in two men dislike shaving because it leaves their skin sore and dry - but even so, less than a quarter use moisturiser. The reason why? Half say they don't moisturise because they simply can't be bothered.

But now there is a new range from Lynx which contains in-built moisturisers, so men who don't want to use a separate moisturiser can keep their skin in great condition without additional effort.

Lynx Systeme has unique (patent pending) formulations with in-built moisturising agents which actively rehydrate the skin while the products go about doing their job. There are six items in the range, including two shaving products - moisturising shaving foam and shaving gel. Post-shave care is provided by moisturising after shave and after shave gel, and the line-up is completed with moisturising shower gel and sensitive deodorant.

Elida Gibbs believe the special Dual Action Formulas make

Lynx Systeme after shave and after shave gel the only products available which provide a *real* moisturising benefit.

Each product has a light, subtle fragrance which is perfect for everyday use and was created by a leading fragrance expert who helped develop Calvin Klein's Escape and Eternity.

Lynx Systeme looks great on shelf too - packaged in stylish silver, black and green. There is also an advanced dispensing system which allows product to be released more easily.

So now Lynx Systeme can help all your male customers achieve comfortable, moisturised skin without extra time or bother, making soreness a thing of the past.



How to enter:

To win one of 25 Marks & Spencer gift vouchers worth £15 each, all you have to do is answer the following questions and fill in the form with your name and address.

1. What are the names of the two shaving products in the new Lynx Systeme range?

.....
2. What other two fragrances did the expert who created the Lynx Systeme fragrance help create?

.....
3. What makes the Lynx Systeme formulations unique?

Name.....

Pharmacy address.....

..... Telephone

Send this form to: Lynx Systems/OTC Competition, Chemist & Druggist, Benn Publications Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. Closing date is October 31, 1994. The winners will be the first 25 correct entries out of the post bag.

The rules:

1. This competition is open to UK pharmacy assistants only. It is not open to employees of Elida Gibbs, their families or agents. 2. All entries become the property of Elida Gibbs. 3. Only one entry per person is allowed. 4. The closing date is October 31 1994. Entries received after this date will not be acceptable. 5. No alternatives, cash or otherwise will be given as prizes. 6. The editor's decision is final and no correspondence can be entered into. 7. The first 25 correct entries out of the bag will be the winners. 8. The prize winners may be liable to income tax and it is the sole responsibility of individuals to declare any such win on their annual income tax return.



The Pride & Groom

So the Nineties' man is finally waking up to skin care — or is he? Liz Jones investigates

They keep telling us that men are getting more receptive to skin care. But let's be honest. The nearest most men get to caring for their skin is shaving it raw every day. Just think of those Old Spice Sensitive ads — ugh!

These people most certain of the male moisturiser revolution include many market research companies. One, Frost & Sullivan, even goes as far as to predict that in the US, come the year 2000, 51 per cent of all men's toiletry purchases will be skin care products.

All change

Thankfully, manufacturers have been more wary when it comes to predicting such a fundamental change in men's personal grooming habits. So they have taken the back door approach to men's skin care — ie shaving products. And they're definitely a growing market, what with a beard being very 'Geography teacher, circa 1977' and the George Michael five o'clock shadow-look a thing — thankfully — of the past.

After all, who could possibly resist those men in the Gillette Series 'Best a man can get' ads?

Elida Gibbs' successful Lynx brand has recently chosen this route with Lynx Systeme. You can't have missed it as it stands out on the shelf because of its snazzy silver, black and green packaging and the company's put a £4 million advertising campaign on the TV. Manita Khuller, who looks after the range at Elida Gibbs, says Lynx Systeme is "overtly about skin care" and she doesn't baulk at the idea of a Lynx branded moisturiser. "But not quite yet..."

Not fussy

She says that a man's perception of skin care is completely different from a woman's. "It's not fussy or complicated. They want something that is simple and convenient. Up to 20 per cent of men are already actively buying their own skin care products," she says, with many men buying products such as Vaseline and Nivea which have a

more unisex positioning.

Hence the dual benefit approach of Lynx Systeme. "You can't unlink skin care and shaving ... after all, most of men's skin problems arise from shaving."

Shaving can cause a multitude of problems — from razor burn to nicks and cuts. And nowadays there is a variety of products you can recommend to the man in a quandry. There has been a noticeable change in the shaving preparations market as the innovative gels have taken market share away from the more traditional

products. But don't forget these 'traditional' products like shaving creams, soaps and sticks because 'Dads' need help, too!

Great age divide

The age of the man you are advising is worth taking into account as well. The success of gels is largely confined to the younger age groups, while the over 50-year-olds are the highest users of soaps and creams (Mintel). Shaving gel has also been positioned as a product useful for men with sensitive skins, due to its moisturising

Advice for problem skin

Most of men's skin problems are associated with shaving — so what advice can you give?

- **Razor burn:** try recommending a shaving foam, gel, or stick which will help with 'razor drag' and an after shave balm to moisturise irritated skin
- **Sensitivity:** advise that he steer clear of highly fragranced products and consider some of the 'sensitive skin' variants around (including razors)
- **Nicks & cuts:** a styptic pencil could be applied or a dab of a liquid antiseptic like TCP
- **Spots/acne:** again something like TCP will help, as will the use of an anti-bacterial facewash like Biactol and medicated spot treatments such as Clearasil. For very bad acne, a trip to the doctor would probably be in order

properties — again appealing to a younger Nineties' man.

Big softies

Moisturising properties of shaving products are widespread and that's why the after shave balm has become a regular part of most men's lines — whether a toiletry brand or a fine fragrance. Indeed, at the premium end of the market, Nina Ricci's Club fragrance for men says: "It takes a real man to admit that he needs

soft skin, too". Can you imagine any man saying that? No way! Indeed, other manufacturers realise this and although the word 'moisturise' appears from time to time, nowhere will you see the word 'soft'. In fact, men probably like their hard, bristly beards — it's all so much more macho!

So in order for more products to enter the market with the moisturising proposition, other words have to come into play. Like invigorating or fresh. Hence,

Ricci Club's Cooling Body Lotion.

But interestingly, what a product smells like does play a very big part in what men will buy. Even the Lynx Systeme range prides itself on a fragrance developed in conjunction with Ann Gottlieb, the woman who put the sexiness into the Calvin Klein perfumes, Eternity and Escape.

Fragrant fellas

Indeed, Elida Gibbs says that perfume is the most important factor for men in brand choice, followed by brand. So that's why you see men skulking around the shelves, squirting deodorant into the cap ...

According to Noir's recent survey of men in *For Him* magazine, two-thirds of men now own two to five scents — which just goes to show that wives, girlfriends, mums and grannies are still doing their bit for the men's fragrance industry.

Hey big spenders!

Now, in the UK men spend (or have it spent for them) an average £27.15 each per year on male toiletries (Datamonitor). Now, that's not a lot of money, is it? To give you a quick ready reckoner: shaving gel, deo (the average use-up rate on aerosols per year is seven, according to Gillette), shampoo, shower gel and a bar of soap thrown in for good measure. It doesn't really leave a lot of room for those other 'essentials' does it? Like after shave, eau de toilette, after shave balms, and not forgetting, good old skin care ...

Euan Venters, marketing director at Sara Lee, who is responsible for the Brylcreem brand, is more sceptical of the men's skin care market. "There has been a change in men's attitude to personal care — the non-caring men's image is definitely out," he says, "but the appeal is limited in skin care." He does not believe men's skin care is about to happen in the mass market because men have a different attitude to skin. "Men are worrying more about appearance and they are spending more," he says. "And more choice in the market, stimulates growth in the whole of the men's market." Of course the onus of the Brylcreem brand is hair grooming and the 'Control yourself' advertising recently has done a lot to update the image of the brand and its

complementary shaving range will benefit, too.

Bathroom beauties

According to Elida Gibbs men are spending more and more time in the bathroom: about half an hour on weekdays and up to one hour at weekends. And Noir's study noted that partners got very worked up about the time spent in the bath, an impatience normally associated with men waiting for women. So perhaps another piece of valuable advice you can give would be 'I hurry up!'

That was a close shave!

Erasmic offers a step by step guide to the perfect shave:

- wash the face thoroughly as the skin must be cleansed of excess oils enabling the bristles to accept the softening properties of the shaving product

- the razor blade must be new or sharp. Beards vary but a frequent change of blade will avoid razor drag

- wet the face with clean water and apply a small amount of foam or gel. Massage it well into the face, paying particular attention to the chin and neck

- use downwards strokes on the cheeks and the sides of the face first — these bristles usually grow in a single direction. Use upwards strokes for the neck and finally round the contours of the chin. Take care to avoid any spots or pimples. Always leave the chin until last. The bristles in this area grow in varied directions and need more time for the foam's softening properties to work effectively

- after the initial shave, re-wet the face and repeat, carefully taking the blade in the opposite direction to catch any bristles missed the first time

- rinse the face well to remove excess foam and splash with cold water to close the pores and pat gently dry with a soft towel.

- according to Ruth Winter in her consumer's dictionary of cosmetic ingredients, hand lotion can be substituted for after shave lotion. And, she says, the best beard softener is still water!



FOR CRYING OUT LOUD



Follow head lice Rotational Policy

*Full
MARKS*[®]

PRIODERM[®] CARYLDERM[®]

malathion 0.5% w/v

carbaryl 0.5% w/v

phenothrin 0.2% w/v

ABBREVIATED PRESCRIBING INFORMATION CARYLDERM[®] Lotion, FULL MARKS[®] Lotion and PRIODERM[®] Lotion. **Indications:** CARYLDERM Lotion, FULL MARKS Lotion and PRIODERM Lotion: Treatment of head lice infestation. **Active ingredients:** CARYLDERM Lotion: carbaryl 0.5% w/v. PRIODERM Lotion: malathion 0.5% w/v. FULL MARKS Lotion: phenothrin 0.2% w/v. **Usage and administration:** Sprinkle onto dry hair and rub gently into the scalp until all the hair and scalp are thoroughly moistened. Allow the hair to dry naturally and leave for at least 2 hours. Shampoo the hair as normal. Rinse and comb whilst wet to remove dead lice and eggs. **Contra-indications, warnings, etc:** Not to be used on infants under 6 months of age except on medical advice. Avoid contact with eyes. Skin irritation can occur. These treatments may affect permed, coloured or bleached hair. Do not use these products if you are sensitive to any of the active ingredients. CARYLDERM Lotion, FULL MARKS Lotion and PRIODERM Lotion contain isopropyl alcohol which may exacerbate asthma or eczema. As they are also flammable, apply and dry the hair with care and do not use artificial heat sources. **Product licence numbers:** CARYLDERM Lotion PL 0337/0038, FULL MARKS Lotion PL 0337/0152, PRIODERM Lotion PL 0199/S002R. **Product licence holders:** Napp Laboratories Ltd., Cambridge Science Park, Milton Road, Cambridge CB4 4GW. UK. (CARYLDERM Lotion, FULL MARKS Lotion). Priory Laboratories Ltd. (Member of Napp Pharmaceutical Group), Cambridge Science Park, Milton Road, Cambridge CB4 4GW. UK. (PRIODERM Lotion only). Date of Preparation: December, 1993.

Further information is available on request from: Napp Consumer Products Division, Napp Laboratories Limited, Cambridge Science Park, Milton Road, Cambridge. CB4 4GW. The NAPP device, FULL MARKS, PRIODERM and CARYLDERM are Registered Trade Marks. © Napp Laboratories Limited, 1993. Date of preparation: December, 1993.

NAPP



The Maladies

Maggie: "I wonder if you can help me? Brett! Stop scratching your head."

Assistant: "What seems to be the matter?"

"It's a bit embarrassing. I think my son might have nits in his hair. Could you check Brett's hair for me?"

"Certainly, I've seen more than my fair share of headlice over the years. It's very difficult to see the adult lice so we look for the empty egg shells, known as 'nits', which look like white specks. The adult female louse glues her eggs to the hair, near the scalp, particularly above and behind the ears and at the back of the neck."

"I can't believe Brett has got headlice. I'm so particular about washing his hair."

"Believe it or not, headlice actually prefer clean hair to dirty hair so there's nothing to be embarrassed about."

"Where did they come from?"

"More than likely at school. We see a lot of children with lice at this time of year when the schools re-open."

"Headlice have no wings so they cannot jump or fly and can only walk from head to head. Close contact of heads is required and this is as likely to happen at home as at school."

"Oh no. Does that mean our whole family has headlice?"

"Not necessarily, but when you go home you should check everyone's hair in the same way I checked Brett's."

"How can I get rid of them?"

"We sell insecticides as lotions, shampoos, liquids or creme rinses, which will kill the lice."

"What are the differences

Nit-picking nuisance

Maggie Maladie is horrified to discover 'nits' in her young son's hair. She wants to get rid of them — quickly

between the products?"

"There are a number of active ingredients and in some areas the products are sold in rotation to prevent the lice becoming resistant to the insecticides. Has Brett got asthma?"

"No. Why do you ask?"

"Some products are not suitable for asthmatics."

"I'll take a bottle and treat him this evening. I feel so relieved. I thought I'd have to let the school know."

"I think you should tell his school. Unless teachers and other parents are aware of the lice problem they won't treat the children and Brett could get his nits back."

Facts about lice

Adult lice are tiny wingless insects that cling tightly to the hair and feed on blood sucked from the scalp.

Female adult lice lay their eggs and attach them to the hair near the scalp where it is warm. The eggs hatch after a week or ten days, maturing after two weeks. The empty eggs shells, which are white in colour are easier to see than the lice whose colour blends in

with the scalp.

Headlice actually prefer clean short hair to dirty hair and it is important that customers realise this.

Detection

Early detection can prevent the lice becoming established or spreading to others. Families with young children should carry out weekly inspections at home.

Fine-toothed detection combs can be used to comb lice out of damp hair onto a sheet of white paper. The hair should be parted quickly and checked for moving lice or nits.

Treatments

Headlice cannot be removed by shampooing with ordinary shampoos or by brushing. Headlice treatments contain the following insecticides: **carbaryl, malathion, phenothrin and permethrin**. These insecticides are available in a range of presentations — shampoos, lotions and liquids.

Lotions are considered by many to be the most effective formulation for

killing lice as they remain in contact with the hair for the longest time. However, alcohol-based lotions are not suitable for people with asthma or eczema. Lotions must be left on the hair for at least 10-12 hours or overnight. As alcohol-based lotions are inflammable they should be allowed to dry naturally. The treatment is repeated a week later to kill off any remaining eggs.

Shampoos are less popular with health professionals as they can easily be used incorrectly. To be effective a shampoo should be used three times at three-day intervals and left in contact with the hair for at least ten minutes each time. It is important that the shampoo is not over-diluted or washed off too soon.

After the treatment has been completed the dead lice, eggs and nits are removed by combing with a fine-toothed comb.

Rotation policies

To prevent the lice becoming resistant to these agents, many health boards operate a rotation policy, where they recommend one insecticide for a period of time and then change to another. Check with your pharmacist to find out if such a policy is operating in your area. Where there is no local policy in operation, many pharmacists operate their own by selling one customer a malathion product, the next carbaryl, etc, so that lice come into contact with a number of different products and are unlikely to develop resistance.

showcase

• New Pampers Baby Wipes are a pure blend of fibres, moistened with a water-based lotion. They come in tubs with a hinged lid (£3.29), a refill pouch (£2.85) and a resealable travel pack (£1.29).

Procter & Gamble Ltd. Tel: 091 279 2000.

• The Braun Style 'n Go range — cordless tongs, cordless brush and cordless combi — is being relaunched in time for Christmas. The features of the range now include an optimal temperature indicator and a multi-cartridge system.

Braun (UK) Ltd. Tel: 0932 785611.

Fruit-flavoured Remegel

Warner Wellcome is moving into the fruit sector of the indigestion market with Alpine Mint with Lemon Remegel. The company says it is the first chewy fruit-flavoured indigestion remedy, and in consumer trials the citrus tang proved very popular.

The Alpine Mint with Lemon is the first variant to feature the brand's newly-designed livery. New-look Original and Mint will be available in October.

Remegel comes in packs of eight (£0.67) and packs of 24 (£1.79) and is available from Warner Wellcome Consumer Healthcare. Tel: 0703 641400.

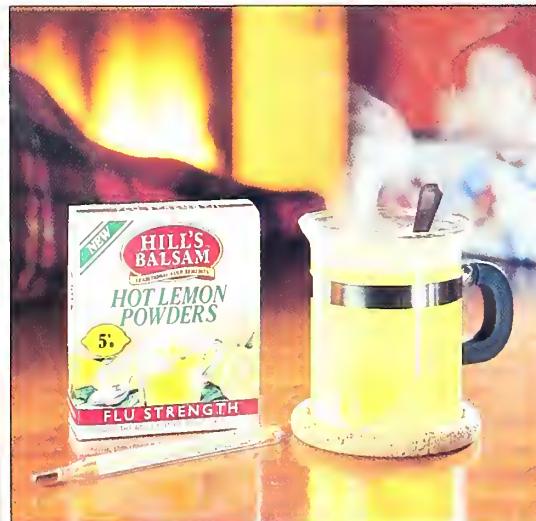


Triomar is a new fish oil supplement containing high concentrations of omega-3 fatty acids. The product claims to be 'cardio-protective nutrition'. Omega-3 fatty acids have been shown to help reduce the risk of heart disease by reducing blood pressure and clot formation.

The recommended

dosage is two capsules taken once daily. Triomar is available in packs of 30, 60 or 120 capsules, which retail at £3.95, £7.45 and £13.45 respectively.

A manual has been produced for pharmacy staff which outlines research into the benefits of omega-3 fatty acids. Prism Healthcare. Tel: 0628 524500.



Flu relief from Hill's Balsam

The Hill's Balsam range has been extended to include Flu Strength Hot Lemon Powders.

Each sachet of the GSL product contains 1,000mg paracetamol and 77mg vitamin C. The company claims the product has a "superior citrus flavour with no bitter

aftertaste".

The new product is aimed at sufferers who require daytime relief as it does not cause drowsiness.

Hill's Balsam Flu Strength Hot Lemon Powders come in packs of five (£1.99) and ten sachets (£3.39). Windsor Healthcare Ltd. Tel: 0344 484448.

New variant from Vicks

Procter & Gamble is adding a dry/tickly variant to the Vicks Original Formula in November.

The new variant contains honey and levomenthol and can be taken by children over six and adults. The recommended dose for adults and children over 12 is two 5ml spoonfuls every three or four hours to a

maximum of six doses daily. The dose should be halved in children aged 6-12 years.

The 200ml bottle will retail at £1.99. Both variants of the Original Formula, which are GSL products, are being repackaged to bring them into line with the rest of the Vicks range. Procter & Gamble. Tel: 091 279 2000.



REDESIGNED MILK OF MAGNESIA

Milk of Magnesia has been given a new look and some new flavours. Milkshake Flavour Milk of Magnesia liquid is available in raspberry or banana flavours. Sterling Health says the new range has a smoother less chalky formula. The new variants are available in 100ml or 200ml bottles which retail at £1.85 and £2.80 respectively.

Strawberry and Raspberry tablets will

also be available in packs of 30 (£1.45).

Packaging of the entire Milk of Magnesia range has been redesigned to give it a modern look. The new non-drip bottle also features a dosing cup and a tamper evident but easy to open cap.

Sterling Health is running a pharmacy assistant competition with 200 sets of brandy glasses as prizes. Sterling Health. Tel: 0483 65599.



Noxema Protective Shave Foam is now available in the UK from Procter & Gamble. The Original protective formula in white or Menthol in blue come in two sizes, 50ml (£2.75) or 300ml (£4.95).

The foam, said to be richer than standard shaving foams, is dermatologically tested and helps protect the skin from irritation.

Other products in the range include a Protective After Shave (100ml, £7.95) and a Pre-Shave Skin Cream (100ml, £3.95). For a limited period a 50ml trial size pack of foam is available (£0.99).

All Noxema products are CFC-free. Procter & Gamble Cosmetics & Fragrances Ltd. Tel: 0202 524141.

• Drapoline, the baby skin care product, has been relaunched in white tubs with pink and blue labelling and is now available in four sizes — 75g (£1.59), 150g (£2.59), 350g (£5.79) and 500g (£7.99).

Warner Wellcome Consumer Healthcare. Tel: 0703 641400.

• A new range of cotton wool, targeted specifically at the baby market, is available from Smith & Nephew, under the Tender Touch brand. The four products in the range are: large balls (£1.69), large covered pads (£1.79), a 200g pleat (£1.59) and a 300g roll (£1.85).

Smith & Nephew Consumer Products Ltd. Tel: 021 327 4750.

• Jiffi De Luxe Condoms is adding three new flavours — lychee, cherry and coffee — to its range of male contraceptives. Sime Health (UK) Ltd. Tel: 071 403 1234.



Caring for damaged skin

The launch of three GSL products for the management of eczema and dermatitis marks the entry of Merck-Whitehall into the OTC market.

Unguentum Merck is an emollient cream containing silicic acid, liquid and white soft paraffin, cetostearyl alcohol, saturated neutral oils, propylene glycol, sodium hydroxide and purified water, which is clinically proven to relieve the itchiness of eczema and dermatitis. It can also be used for nappy rash, ichthyosis and pruritus, and for protection of raw and scaly skin. The cream can be used as often as necessary, but it is particularly effective when applied to damp skin. The 60g pack has a recommended retail price of £4.35.

Balneum Bath Treatment (150ml, £4.75) and Balneum Plus Bath Treatment (150ml, £5.25) are also used in the management of eczema and dermatitis. Both products contain

soya oils, have an emollient action and are said to disperse easily in water. They can be used up to twice a day, two or three times a week. A ten-minute 'soak' is recommended.

Balneum Plus also contains lauromacrogols which have a local anaesthetic action on the skin surface and are said to soothe and soften the skin for up to seven hours.

All three products can be used by people sensitive to lanolin or wool oils, and Balneum by those sensitive to detergents.

The company has produced a consumer leaflet, 'Itching to relieve the miseries of eczema and problem dry skin', which has been endorsed by the National Eczema Society and is available through pharmacies.

Although all three products are GSL, they will only be distributed to pharmacies. Merck-Whitehall. Tel: 0628 669011.



Thera-med, the combination toothpaste and mouthwash from Henkel, is now available in a new variant — white opaque Strong Mint. Research carried out by Henkel revealed that older customers prefer a more traditional toothpaste appearance. Henkel Cosmetics. Tel: 081 804 3343.

Benylin Four Flu is a new Pharmacy-only product, positioned as a 'Stay-at-home' treatment, specifically for flu. It is available in two forms: 200ml liquid (£3.79) and 24 tablets (£3.39). Each tablet or 10ml contains 500mg paracetamol, 22.5mg pseudoephedrine and 12.5mg diphenhydramine which are the maximum over the counter strengths of these active ingredients.

Paracetamol reduces fever and relieves aches and pains associated with flu. Pseudoephedrine relieves congestion and diphenhydramine soothes coughs which

can keep sufferers awake at night.

The recommended dosages for adults and children over 12 years are: four 5ml spoonfuls four times daily to a maximum of 80ml daily, or two tablets four times daily to a maximum of eight tablets daily. For children aged 6-12 years the dosage is halved — one tablet/two 5ml spoonfuls four times daily to a maximum of four tablets/40ml daily. Benylin Four Flu is the first new product to be launched by the Warner Wellcome partnership. Warner Wellcome Consumer Healthcare. Tel: 0703 641400.



Aniseed alternative

Indigestion sufferers are being offered an alternative to fruit and mint with the latest addition to the Rennie range. New Digestif Rennie is the first aniseed-flavoured tablet.

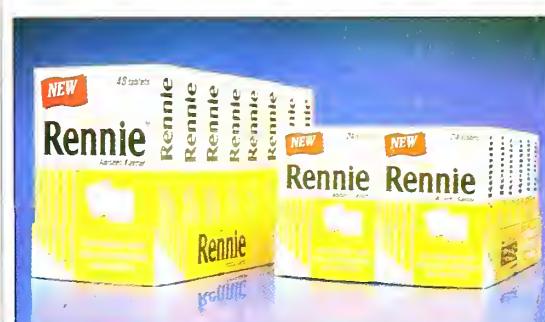
Roche expects the new variant to attract indigestion sufferers who currently suffer in silence and traditional remedy users who have grown tired of spearmint or peppermint flavours.

The new flavour is a

combination of aniseed and liquorice and the company says it has proved very popular in consumer taste trials.

The new flavour will initially be available in bright yellow packs of 24 and 48 tablets, priced at £1.13 and £1.74 respectively.

A new TV ad, which has been created for the aniseed flavour, will be running from December 9-23. Roche Consumer Health. Tel: 0707 366000.





Headcold relief from Hedex

Hedex Headcold, a new variant in the Hedex range, has been developed specifically to relieve the pressure and pain often associated with a headcold.

Customers can choose from easy to swallow caplets or a cherry menthol-flavour hot drink. Each sachet

or two tablets contain 1,000mg paracetamol, 10mg phenylephrine and 60mg vitamin C. The tablets also contain 50mg caffeine.

Hedex Headcold sachets are available in packs of five (£1.80). A pack of 20 tablets retails at £2.85. Sterling Health. Tel: 0483 65599.

Nurofen Cold & Flu is the first ibuprofen-containing cold remedy. Each tablet contains a combination of ibuprofen 200mg and 30mg of the decongestant pseudoephedrine.

The product is indicated for the relief of nasal congestion, sinusitis, sore throats, aches, pains and fever.

The recommended dose for adults and children over 12 is two tablets to start, then one to two tablets every four hours to a maximum of six tablets in 24 hours. It is contra-indicated in children under 12 and patients with ulcers or other stomach disorders. Pregnant women, asthmatics and anyone who is allergic to aspirin are advised to check with their GP before using the product.

Nurofen Cold & Flu, a Pharmacy-only product, is available in packs of 12 or 24 tablets which retail at £2.19 and £3.49 respectively.

Crookes has produced a training module for pharmacy assistants. Crookes Healthcare. Tel: 0602 507431.



Duphalac Solution has been repackaged in a 200ml OTC presentation pack retailing at £3.50. The new 200ml size has a measuring cap and easy pour device to assist accurate dosing by the patient. The recommended dose for adults is 15ml twice daily. Diphil Laboratories. Tel: 0703 472281

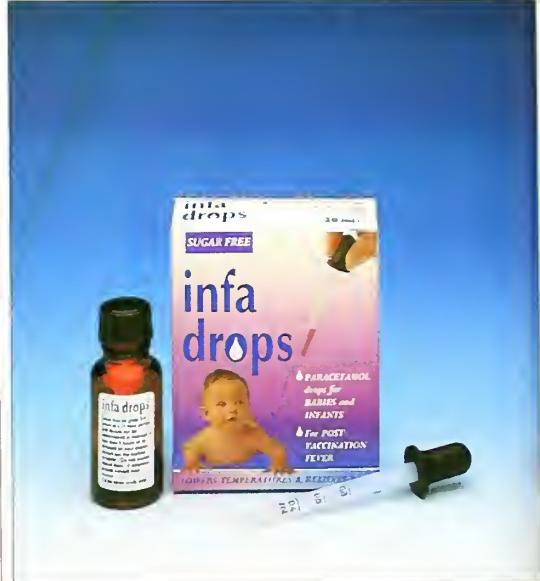
Wella is firmly holding onto its share of the hairspray market with the relaunch of Bristows.

The new range comes in four fragranced variants to suit different hair types: natural hold for flexible control; conditioned hold for permed/coloured/dry hair; extra firm hold for hard to control hair; and ultra hold for maximum style and

control. Each variant is highlighted by colour coding on the pack — purple, gold, turquoise and blue respectively.

The sprays are available in 200ml or 300ml cans which have a recommended retail price of £1.28 and £1.79 respectively.

The hairspray market is currently worth approximately £126 million. Wella Great Britain. Tel: 0256 20202.



Infadrops is a concentrated sugar-free solution of paracetamol (100mg/ml) for babies, infants and toddlers. Each pack includes a dropper which helps parents administer the correct dose. The company says Infadrops is especially important for post-immunisation pyrexia as it is the only preparation that is specifically indicated for babies under three months old. Infadrops, a P medicine, is available in a 20ml pack which retails at £2.95. Goldshield Healthcare. Tel: 081 684 3664

Antiperspirant POM to P

Anhydrol Forte, the antiperspirant containing aluminium hexahydrate, can now be sold over the counter as a treatment for excessive sweating of the armpits, hands or feet.

Previously it was only available on prescription in a 10ml pack. It has been repackaged as a P product and is presented as a 60ml roll-on complete with a patient information leaflet.

It is important that the patient knows how to use the product correctly. It should be applied to the affected sites at night, allowed to dry, and then washed off the following morning.

The recommended retail price is £4.42.

Anhydrol Forte 60ml will also be available on prescription. The 10ml pack, however, is soon to be discontinued. Dermal Laboratories Ltd. Tel: 0462 458866.



HOLD THE LINE

the pressure

OFF



With Kalms - the best selling herbal remedy - you can help your customers cope with the stresses and strains of life. With our largest ever National Magazine Campaign, where we're spending £400,000, over 2 million stress sufferers will get the message and you'll have a fantastic opportunity to sell.

Call Dendron on 01923 229251 for copies of our Free "Guide to everyday stress and how to cope with it" booklet.

When the pressure's on keep calm. Recommend Kalms.

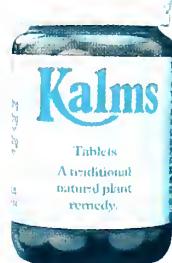
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Kalms

Kalms Tablets

Relieves periods of worry, irritability, stresses & strains. Promotes natural sleep.

100 Tablets



Please always ask your customers to read the label.

• Roche Consumer Health has repackaged the Aspro range to enable customers to easily identify the most suitable product for their condition. Roche Consumer Health. Tel: 0707 366000.

• Calpol Six Plus is now available in a sugar-free and colour-free formulation with an improved strawberry flavour. It retails at £2.80 for 100ml. Warner Wellcome Consumer Healthcare. Tel: 0703 641400.

• Detorelle is a range of sugar-free sweets from Wander Foods, maker of Ovaltine. It is available in three flavours — Strawberry Chews, Toffee Chews and Mint Clears. The product carries the recently introduced BDA 'safe for teeth' sign, Mr Happy Tooth. Wander Ltd. Tel: 0923 266162.

New foot care from Scholl

Scholl has launched two new treatments for common problems associated with feet.

The Verruca Removal System consists of an adhesive disk containing salicylic acid, which is applied to the verruca and a plaster to hold it in place. It is available in packs of six which retail at £3.19.

Blisters are another common foot problem — around 65 per cent of people suffer from sore spots and blisters on their feet. As a result Scholl has launched a new Blister Treatment which is said to provide instant, soothing pain relief. The slim, wash-proof Blister Treatment is sterile and hypoallergenic. It can absorb moisture and promote healing.

Two sizes are

available: small treatments which are suitable for fingers and toes (5, £2.99); and medium, designed to fit the heel or ball of the foot (5, £3.39).

A new range of sheer lightweight support hosiery, called 753, provides graduated support which improves circulation and prevents aching legs and swollen ankles. Pressure exerted varies from 7mm of mercury (Hg) at the ankle, through 5mm Hg at the calf to 3mm Hg at the thigh.

The range is available in medium and large sizes, and four colours: black, sand, honey and dove. Each pair of 753 tights will retail at £4.49. Scholl Consumer Products Ltd. Tel: 0582 482929.



Cool Lemon Lemisp is the latest addition to the Lemisp range and is intended to complement existing products.

The powder, containing paracetamol, phenylephrine, and vitamin C, can be dissolved in cold water to produce a slightly sparkling lemon drink. The recommended retail price for a pack

of five sachets is £1.65.

Research carried out by the manufacturer suggests that consumers like the convenience of the product — no need to boil water — and the company expects the launch to extend daytime use of cold relief products. Reckitt & Colman Products. Tel: 0482 26151.

Liquid Hair from Wella

New Wella Liquid Hair is a product that Wella describes as belonging to a "totally new category of consumer hair care, a third-generation conditioner category named restructurants". The company claims the product can repair damaged and porous hair and also give fine hair added volume.

Liquid Hair contains keratin and amino acids, which are the basic components of real hair. It is said to work in two ways, by penetrating the hair shaft to fill in and rebuild keratin bonds along the length of hair, and, secondly, by forming a light, strong seal around the cuticle of the hair.

After shampooing and towel-drying the hair, Liquid Hair should be sprayed on and combed through from roots to ends. The hair must be blow-dried to get the full benefit of the product as the heat causes the ingredients to bond with the hair shaft.

Wella Liquid Hair is



available in a 100ml glass bottle that retails at £9.95. Wella Great Britain. Tel: 0256 20202.



than cows' milk). However, Milupa says the product has one advantage: it offers a higher energy density (74kcal/100ml) than other follow-on milks, which ensures fats and carbohydrates, rather than protein stocks are

used as an energy source. The protein can then be used for growth.

Forward is available in 450g or 900g packs which retail at £3.36 and £6.16 respectively. Milupa Ltd. Tel: 081 573 9966.

A new range of organic baby foods and a follow-on milk are the latest offerings from Milupa.

Natural Choice is made with organic cereals and has no added sugar and no added milk. There are four varieties in the range: Pure Baby Rice, which the company says is suitable as a starter food for babies from three months; Wheaty Breakfast Cereal; Country Harvest Breakfast; and Honeyed Semolina Pudding, all three of which are suitable for babies of four months and upwards. The 150g pack retails at £1.72.

The dry baby food is simple to use — the company recommends adding the baby's usual milk or previously boiled water, stirring the mixture and then waiting for it to cool before feeding the baby.

Forward is a follow-on milk that offers the same nutritional benefits as other follow-on milks (better balances of protein, sodium, vitamins A, C and D, and higher iron levels

PRODUCT INFORMATION:

Product: Junifen Suspension. 5ml contains 100mg ibuprofen.

BP Indications: For the reduction of fever and relief of mild to moderate pain in children between the ages of 12 months and 12 years. **Dosage and administration:** Children 1-2 years: One 2.5ml spoonful 3-4 times a day children 3-7 years: One 5ml spoonful 3-4 times a day, children 8-12 years: Two 5ml spoonfuls 3-4 times a day. Do not exceed 4 doses in any 24 hours. **Precautions and warnings:** Junifen should not be given to children with stomach ulcers or other serious stomach disorders. Patients receiving regular medication, asthmatics, anyone allergic to aspirin and pregnant women should be advised to consult their doctor before taking Junifen. Not recommended for children under the age of one year or weighing less than 7kg (16lb). If symptoms persist for more than 3 days patients should consult their doctor. Adverse effects reported include: dyspepsia, gastrointestinal intolerance and bleeding and skin rashes. Less frequently, thrombocytopenia has occurred. **Product licence number:** PL 0327/0077.

Licence holder: Crookes Healthcare Ltd., Nottingham NG2 3AA. **Legal category:** P. Price: Junifen Suspension: 100ml £2.65.

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7. Data on file, Crookes Healthcare Ltd.



At last, you can recommend the antipyretic and analgesic benefits of ibuprofen for children.

Junifen's antipyretic action is greater^{1,2}, longer lasting^{1,3,4} and more rapid^{2,4} than paracetamol's.

Its efficacy in relieving pain is proven in years of prescription use^{5,6}.

And it's as well-tolerated as paracetamol⁷.

Free of sugar and colour, the orange flavoured Junifen suspension is the one to recommend for childhood pyrexia and pain.

Junifen

IBUPROFEN SUSPENSION

Now you have a choice for fever and pain in children



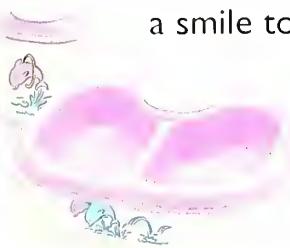
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Healthcare

Kiddiwinkles

little bun

There's nothing like extra profit to bring
a smile to your face.



And the new Kiddiwinks
babycare range is going to
give it to you in bundles.
How can we be sure?

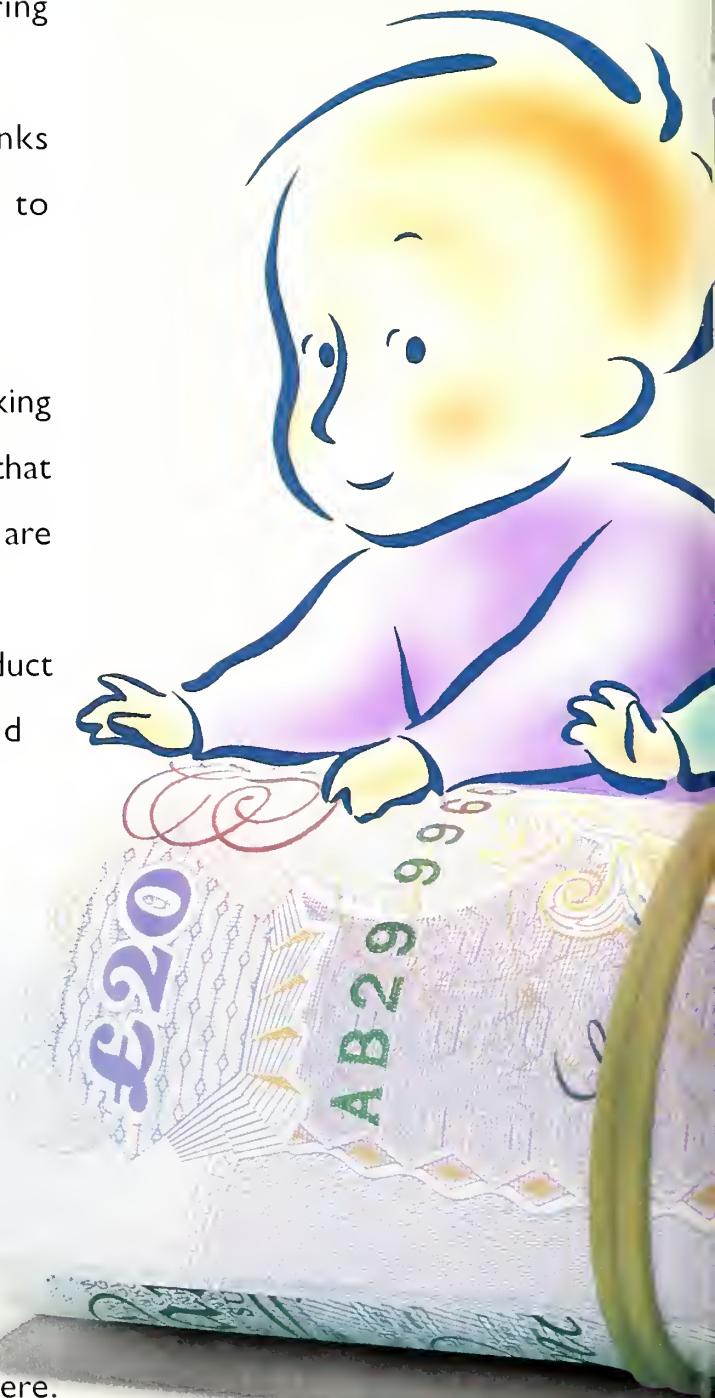
Because Kiddiwinks is the result of painstaking research into products, designs and colours that mums really want. Designs and colours which are co-ordinated throughout the range.

Kiddiwinks provides a comprehensive product line up with all the items that babies need from birth right up to four years old. From bottles and teats to baby wipes and trainer cups.



But the range is not confusingly large. So mums can choose the right products for their babies at a glance.

And there are some they'll find difficult to match elsewhere.
Innovative, practical ideas





like sterilised teats and caps for travelling, a soft-on-the-mouth silicone head spoon, a staywarm suction bowl and many more.

But the real eye-opener is the packaging. It stands out from everything else on the market. And a special merchandising stand is available to help you offer customers the widest possible choice.

With the cute Kiddiwinks characters, a catchy name and consumer launch advertising, the brand is growing fast in the babycare market.

For more information about the Kiddiwinks range or to place an order, telephone the Sales Department on 01386 553386 or fax us on 01386 556362.



kiddiwinks™

**We know where babies
are coming from.**



Colgate-Palmolive's Plax has become the first mouth-wash in the UK to obtain accreditation from the British Dental Association for the removal of plaque. Results of a long-term trial, published in the British Dental Journal last year revealed that regular rinsing with Plax shifted 24 per cent more plaque than brushing alone. The BDA logo will be displayed on all Plax packs. Colgate-Palmolive. Tel: 0483 302222

Clear look for Timotei 2-in-1

Timotei Clear 2-in-1 with Cucumber and Aloe Vera tackles the problem of heaviness and build-up that some 2-in-1 users report. Elida Gibbs believes the improved silicone technology in the new product will attract lapsed Timotei users and those previously disappointed by the

conditioning performance of 2-in-1s.

The new product is available in two sizes, 200ml (£1.69) and 400ml (£2.99).

Prices for the rest of the Timotei range have been restructured at £1.25 for 200ml and £2.19 for 400ml.

Elida Gibbs Ltd. Tel: 071 486 1200.

J&J helps kids get a grip

Reach Wondergrip is a new toothbrush from Johnson & Johnson, specifically designed to help children clean their teeth more effectively.

The company says that 11-year-olds only reach 50 per cent of their tooth surfaces when brushing and

five-year-olds miss as much as 75 per cent.

The Reach Wondergrip has an ergonomic thick handle and special thumb grip to give all round the mouth control. The short, angled neck and compact, tapered head is designed to fit small

mouths and the round-ended bristles prevent damage to the gums while cleaning.

The new brush is said to reach 81 per cent of tooth surfaces.

It is available in five neon colours and retails at £1.99. Johnson & Johnson Ltd. Tel: 0628 822222.

It's widely recognised that over-use of hair dryers and other heat styling products can damage hair.

Neutrogena's new Heatsafe treatment is designed to protect the hair. The company says it is pioneering a new hair care sector.

The heat-activated formula combines wheat proteins and amino acids and is sprayed on the hair before styling. When activated it is said to penetrate and strengthen each hair shaft and control moisture loss.

The pump spray mist is available in two



variants: for dry/damaged hair and for fine/flyaway hair. Both variants come in

150ml packs which retail at £5.95. Neutrogena (UK) Ltd. Tel: 0494 474787.

THERE'S MORE TO DRY SKIN

Wash E45, an all-over emollient cleanser, and Bath E45, the long-lasting bath emollient, are just as essential for people with dry skin problems as Cream E45.

Used instead of soap, bath additives and other foaming cleansers, they continue the good work begun by Cream and

Lotion E45. Dermatologically tested, free from detergents, perfumes, preservatives and other known sensitizers, E45 products complement one another and add up to a complete emollient programme for dry skin.

So next time a customer asks for your advice on a dry



FIRSTS FOR CREST CHILDREN

Procter & Gamble is giving the Crest range a new look with repackaging and three new products including its first children's toothpaste and first toothbrush.

The Crest Complete toothbrush features rippled, round-ended bristles, a tapered head, angled neck and a non-slip rubber grip handle. The company says the rippled bristles reach up to 35 per cent further between teeth than flat brushes. The brush is available in a range

of head sizes, colours and bristle hardnesses.

Crest Complete Toothpaste is a new 2-in-1 product combining a toothpaste with an anti-bacterial mouthwash in a mint-flavoured green and white-striped paste. It is available in stand-up laminated tubes in three sizes: 50ml (£0.95), 100ml (£1.59) and 125ml (£1.75).

Crest Milkteeth (50ml, £0.95) is a raspberry-flavoured toothpaste for children

up to six years old, specially formulated using lower fluoride levels. The packs feature Crest McEaver Beaver, a new character designed to attract children.

The entire Crest range of toothpastes is being repackaged into stand-up tubes. The tubes feature a 'neat squeeze' nozzle, which helps suck excess toothpaste back into the tube, as well as an easy twist cap and a tamper-proof seal. Procter & Gamble Ltd. Tel: 0784 434422.

Intercare has extended its Tixylix range with an expectorant for children. Tixylix Chesty Cough is blackcurrant-flavoured, contains guaiacol, and is suitable for children aged 1-10 years old. The 100ml pack retails at £2.45.

Research carried out

by the company found that when a child presents with a chesty cough, the pharmacist often recommends an adult brand.

Intercare is also promoting an initiative to develop a children's medicine section in the pharmacy.

Intercare Products Ltd. Tel: 0734 790345.



Ultra-Floss from Oral-B is a 'revolutionary' new dental floss made of interlocking fibres which stretch and flex under tension to get into the tightest of spaces between teeth. Oral-B says the new floss has been clinically proven to remove greater levels of plaque than conventional flossers. Oral-B Laboratories Ltd. Tel: 0296 432601

ARE THAN JUST CREAM.



ion, recommend the whole range to look after the whole body. For more information on the complete skin maintenance programme provided by the E45 dermatological skin range, please contact: Crookes Healthcare Limited, Nottingham NG7 2LJ.

E45 DERMATOLOGICAL SKIN CARE

CROOKES
Healthcare



Sonic and Postman Pat join Stafford-Miller

Stafford-Miller has introduced two new sets of characters into its Search range of toothbrushes.

Postman Pat features on the Search 3 toothbrushes with three designs: Pat, Jess the Cat and Pat's Van. These retail at £1.59.

The second series of brushes, aimed at older children, feature

Sonic the Hedgehog and his foxy friend, Tails, on the small, angled brush. Sonic appears on three varieties and Tails on the fourth.

A Sonic the Hedgehog blue minty gel toothpaste is also available retailing at £0.99.

Stafford-Miller Ltd. Tel: 0707 331001.

The new Lynx Systeme range of shaving and grooming products contains moisturising ingredients to rehydrate the skin. All formulations in the range have been dermatologically tested.

The range consists of six products: moisturising shaving foam (200ml, £1.79); moisturising after shave (100ml, £6.95) and after shave gel (100ml, £4.95); moisturising shower gel (200ml, £2.29) and sensitive deodorant (150ml, £2.39).

The new range is designed for the convenience of men who don't have the time or energy to condition their skin after shaving.

A Lynx Systeme Christmas pack has been developed, combining the



deodorant and shaving gel products and will retail at £4.79.

Elida Gibbs estimates that the male toiletry market will be worth £445 million this year. Elida Gibbs Ltd. Tel: 071 486 1200.

Cuticura range revamped

The Cuticura range has been revamped with new branding and packaging, new products and new formulations.

Cuticura Hygiene Plus products, with the exception of the talcum powder, now contain Irgasan DP 300, a broad-spectrum anti-bacterial agent, developed by Ciba-Geigy.

The main locus of the new range is a hand hygiene system which incorporates an Anti-bacterial Liquid Handwash (250ml, £3.49), containing 0.75 per cent Irgasan DP 300 and an Anti-bacterial Hand Cream (75ml, £2.49), containing 0.1 per cent Irgasan.

The handwash has shown itself to be effective against common bacteria such as *Staph. aureus*, *E. coli* and *Salmonella*. The product is said to kill the germs on

contact.

The Active Protection range consists of: Soap (100g, £1.39); Bath & Shower Gel (250ml, £2.55); Foam Bath (400ml, £1.99); and a new fragranced Body Spray (150ml, £2.25).

The Mildly Medicated Talcum Powder, which still contains 0.2 per cent allantoin as an active ingredient, now has 0.25 per cent zinc oxide added as a mild antiseptic. Irgasan DP 300 has not been included in this formulation as anti-bacterial agents are not recommended for daily use on young babies.

To encourage consumer trial of the new range, free samples and selected trial size packs (£0.49) will be available for a limited time during the launch period. Keyline Brands. Tel: 081 579 8991.

Complete is the first one-bottle, daily care system that can be used to clean, rinse, disinfect and store soft lenses (for up to 30 days).

The ingredients are Tyloxapol, a surfactant cleaner, and polyhexanide, which has broad-spectrum anti-microbial activity.

One month's supply (240ml) retails at £7.95 and a smaller pack (120ml) retails at £5.49. Allergan Ltd. Tel: 0494 447222.



Cod liver oil plus garlic

Seven Seas One-a-day Plus Pure Cod Liver Oil and Odourless Garlic capsules (30, £2.99) contain odourless garlic, and 800mg of cod liver oil which provides the total RDA of vitamins A and D, as well as the omega-3 fatty acids which are said to have cardiovascular benefits.

Seven Seas Health Care Ltd. Tel: 0482 75234.



market and it predicts the launch of the new variant will grow the brand by a third. Smith & Nephew Consumer Products Ltd. Tel: 021 327 4750.

Not so Simple

The Simple range is being extended with four new products.

The Night Repair Cream (£5.34), which replaces the existing Simple Night Cream, contains natural liposomes produced from vegetable sources.

In order to attract new users who want a soap-free product, Smith and Nephew has introduced a Refreshing Facial Wash Gel (£3.37), which contains pro-vitamin B5 and

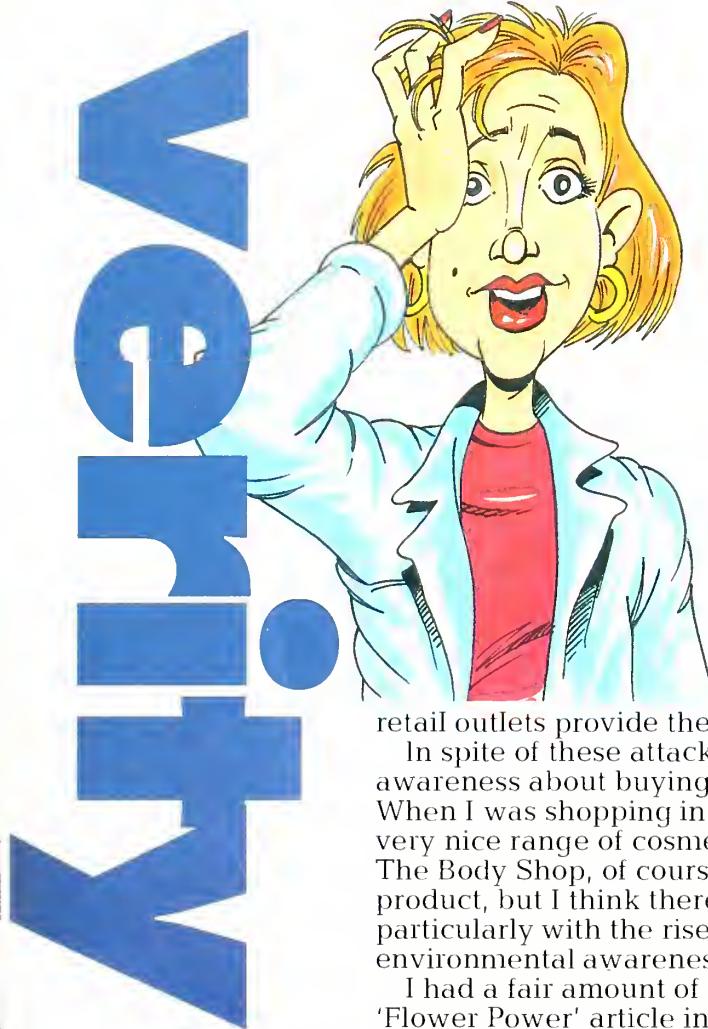
glycerine to moisturise.

The Replenishing Body Lotion (£2.88) contains glycerine, panthenol and vitamin E as well as Starflower oil. The product is non-perfumed which minimises the risk of skin reactions, especially following hair removal.

The Moisturising Cream Bath (£3.19) produces a rich creamy foam and moisturises the skin. Smith & Nephew Consumer Products Ltd. Tel: 021 327 4750.

Efamol has doubled the strength of its Evening Primrose Oil capsules. The new high-strength 1g capsules have been introduced for the consumers' convenience. The existing 500mg strength will continue to be available for customers who prefer it.

Efamol has also repackaged the entire range of evening primrose oil products in navy and primrose. Efamol Ltd. Tel: 0483 304441.



Having been on holiday for a week, coming back to work on Monday was a real shock to the system. I spent my week's holiday on the Isle of Wight, and very nice it was, too! While I was there, I visited Newport, where a few weeks ago someone — animal rights activists are the chief suspects — attacked a number of shops, one of which was Boots the Chemists. The damage was extensive to say the least — the shop was absolutely gutted.

In many ways, I sympathise with the campaigners, but I must admit I do find this level of demonstration and destruction rather worrying. It makes me feel very vulnerable when I consider the apparent ease with which these attacks took place, the targets chosen and the damage caused.

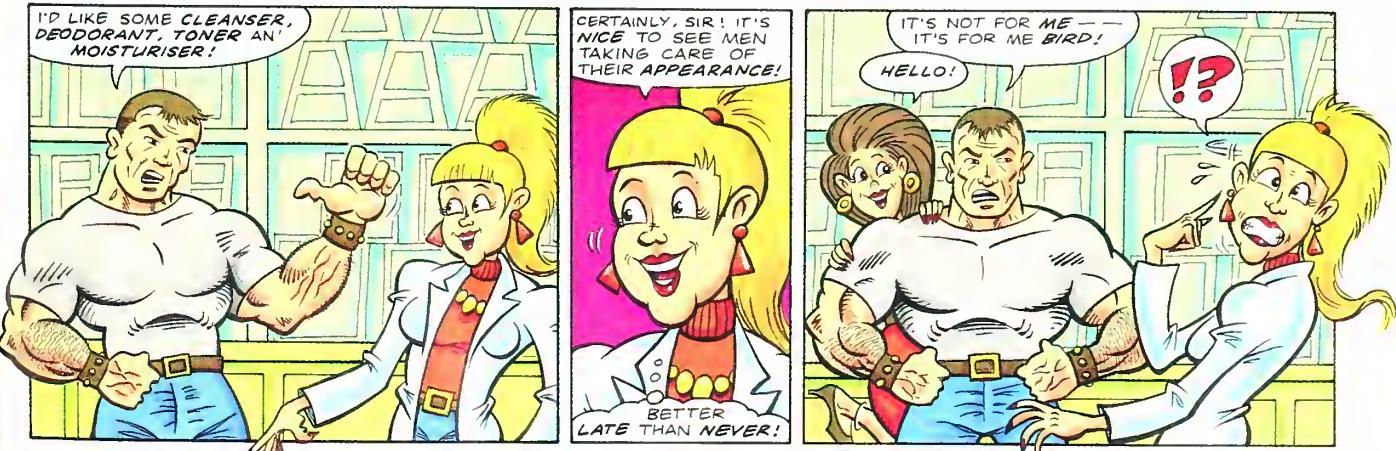
The people working in the various establishments targeted probably have no direct involvement in animal issues, they just work for companies which might be associated with them. Presumably for the animal rights protesters, retail outlets provide the maximum attention and publicity.

In spite of these attacks, I think that there is a general concern and awareness about buying products which have not been tested on animals. When I was shopping in a supermarket a few weeks ago, I came across a very nice range of cosmetics that was free from animal-tested ingredients. The Body Shop, of course, is the main high street outlet for this type of product, but I think there is a lot more potential for these products, particularly with the rise of vegetarianism and the increase in environmental awareness.

I had a fair amount of reading to catch up on after my holiday and the 'Flower Power' article in *Chemist & Druggist* (September 24, p489) did catch my eye. It was all about the history of using plants and plant extracts in bath additives and cosmetics and their particular benefits. The article was very interesting and is well worth a read. However, I did find it rather surprising that the author, Dr Onions, gives the impression that all cosmetics and toiletries containing botanical products that are currently available are completely useless and that natural ingredients are included to meet 'fashionable' demand rather than having any function. It would appear that neither the quantity, quality or type of plants used in current products are any good. However, the good news is that there is a change on the way which, according to Dr Onions, will make the products much more acceptable.

MEANWHILE...

BY BAM!



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Product Information. Active Ingredients: Liquid Gaviscon Sodium alginate BP 500mg, sodium bicarbonate Ph Eur 260mg, calcium carbonate Ph Eur 100mg per 10ml dose. Gaviscon 500 Tablets: Alginate acid BP 500mg, sodium bicarbonate Ph Eur 170mg, dried aluminium hydroxide gel BP 100mg, magnesium trisilicate Ph Eur 25mg per tablet. Gaviscon 250 Tablets: Alginate acid BP 250mg, sodium bicarbonate Ph Eur 85mg, aluminium hydroxide gel BP 50mg, magnesium trisilicate Ph Eur 12.5mg per tablet. **Indications:** Liquid Gaviscon & Gaviscon 500 Tablets: Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. Gaviscon 250 Tablets: Heartburn and indigestion. **Contra-Indications:** None known. **Dosage Instructions:** Liquid Gaviscon: Adults and children over 12 10-20ml; children 6-12 5-10ml liquid after meals and at bedtime. Children under 6: Not recommended. Gaviscon 500 Tablets: Adults and children over 12 1 or 2 tablets after meals and at bedtime. Children under 12: Not recommended. Gaviscon 250 Tablets: Adults and children over 12 2 tablets as required. Children under 12: Not recommended. Chew tablets thoroughly before swallowing. **Note:** 10ml liquid contains 6.2mg iodine. One Gaviscon 500 Tablet contains 2.1 mmol sodium. One Gaviscon 250 Tablet contains 1.12mmol sodium. Both liquid and tablet forms of Gaviscon are sugar-free. **Retail Prices:** Liquid Gaviscon 100ml £1.67, 200ml £2.99, Gaviscon 500 Tablets 12 £2.45, Gaviscon 250 Tablets 24 £2.09. **Product Licence No:** 44/0158 Liquid Gaviscon, 44/0140 Liquid Gaviscon Peppermint Flavour, 44/0141 Gaviscon 500 Lemon Flavour Tablets, 44/0103 Gaviscon 250 Tablets, 44/0143 Gaviscon 250 Lemon Flavour Tablets. **Legal Category:** GSL. **Method of sale:** Through registered pharmacies. **Holder of Product Licences:** Reckitt & Colman Products Limited, Danson Lane, Hull HU14 0JL.

DS: GAVISCON and the sword and circle symbol are registered trademarks. **Date of preparation:** 23/6/94. **References:** 1 Taylor Nelson Counterpoint MAT to June 1993. 2 Chevrel B (1980) *J. Int. Med. Res.* 8: 309. 3 Ward A E (1989) *Br. J. Clin. Pract.* 43: (2 Suppl.) 66-52. 4 Williams D L et al (1979) *J. Int. Med. Res.* 7: 551.

Babycare



THE WAY
FORWARD FOR
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FORMULAE

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PROFIT,
PLAY AND
LEARNING

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Milking sympathy

In the 12 months since Milupa introduced its long chain polyunsaturated lipids (LCPs) additive into Aptamil infant formula, the atmosphere in the market has changed from hostility to measured support. Ailsa Colquhoun reports on the current climate and the way forward for infant formulae

Only a year ago, the long chain polyunsaturated lipids critics were out in force

"Milupa has gone too early," said Cow & Gate marketing director, Niall Bowen. "There is no doubt that recent research has demonstrated benefits from adding LCPs to pre-term formulae. But in full term products these have not yet been proven."

Any conclusions to the contrary were unfounded and based on extrapolated results, he continued.

"Milupa has been forced into the move because of its low brand share," he said (*Babycare* October 16, 1993, p12).

Today, Mr Bowen says, "It's more likely than not that some advantage to adding LCPs to full term milks will be demonstrated and it's on the cards that when this need is demonstrated we, as well as the other infant formulae manufacturers, will consider bringing the technology to our full term formulae."

"At the time of the Milupa launch [of Aptamil with Milupan], we said that medical opinion was still divided over whether adding LCPs to full-term formulae is beneficial. We said that further research was appropriate. It still is," he says.

Certainly, the addition of LCPs has caught the imagination of other pre-term formulae manufacturers



Will infant formulae ever truly replicate breast milk?

Farley's now markets Osterperm with an LCP additive, as does Cow & Gate with Nutriperm and SMA with its low birthweight formula. Milupa argues, however, that other companies' LCP recipes do not offer as desirable an omega-6:3 ratio as does Milupan.)

But to date no other company has dared to come on board with an LCP additive in its full term formulae.

Adrian Kelly, marketing planning manager at SMA Nutrition, sums up the feelings of the market by saying, "We are obviously always looking

into ways in which we may develop and improve our existing products. However, we will not introduce any new formulation until we are completely satisfied that the levels and balance of nutrients are correct and appropriate for babies."

While manufacturers remain dubious of the potential of LCPs for maximising growth and visual acuity in full term infants, those all-important purchasers are not. Market share statistics for Aptamil with Milupan speak volumes about the concept's acceptance among parents.

According to Milupa marketing manager Judith Holloway, Aptamil with Milupan increased its value share in independent pharmacies for the 12 months to July/August, 1994 by 1.5 per cent to 5.4 per cent, a 30 per cent rate of increase, albeit from a very low level. This, says Miss Holloway, "makes it the fastest growing brand within pharmacy". Volume share has shown a 12 per cent rate of increase to 4.6 per cent to July/August, 1994 (Nielsen).

Other manufacturers' sterling performance in the 12 months to June, 1994 (FSA) reveals a 2.5 per cent increase to 40.8 per cent for SMA Nutrition, a 5.8 per cent slip for Cow & Gate to 35.1 per cent and a 2.4 per cent rise to 15.2

per cent for Farley's. Milupa's figures for its overall range saw just a 0.9 per cent rise to 8.9 per cent.

Milupa justifies Milupan in Aptamil not just by its market performance. It cites much research backing the move.

M V Crawford's paper on The role of essential fatty acids in research development (*American Journal of Clinical Nutrition*, 1993) concludes that LCPs are necessary for the developing nervous system of both pre-term and full-term infants. F Cockburn's paper, 'Neonatal brain and dietary lipids' (*Archives of Diseases in Childhood* 1994, 70), says that "pre-term infants and probably term infants in the first 4-6 months of life have either inactive or relatively inactive enzyme systems required for these conversions of essential fatty acids to the long chain polyunsaturated fatty acids (LCPUFAs). Though the term infant has a small reserve of LCPUFAs this is insufficient for the amount of docosahexaenoic acid (DHA) that requires to be incorporated into neuronal membranes of the cerebral cortex".

As far as visual acuity is concerned, a paper by Makrides et al in *Paediatric Research* 1993, 33, Erythrocyte Docosahexaenoic Acid correlates with the visual responses of healthy term infants, shows that the adverse effects on vision of DHA depletion seen in pre-term infants not given LCP supplemented formulae or breast milk are also found in normal healthy term infants, thus providing clinically relevant evidence supporting the need for dietary supply of LCPs in infant formulae for all young infants.

Milupa also takes as "formalising permission" the Scientific Committee on Food's recommendation that the pending EC Directive on Infant Formulae and Follow on Formulae, likely to come into effect in early 1995, should be amended to permit LCPs as additions to infant formulae.

According to Milupa scientific director Joe Eastwood, the SCF's definition of lengths, quantities, ratios and omega-3 levels fits in "extremely well" with our lipid blend, Milupan, whereas the approach taken by

competitors so far does not reflect the strengths and弱點 of the LCP argument technology.

We can never go back, he never came to match breast milk," says SMA's Mr Kelly. "We acknowledge that breast milk is a constantly changing substance which contains all essential nutrients for growth and is best for baby." All manufacturers can do, he says, is strive to produce products which have a composition as close to breast milk as possible.

Both Cow & Gate and Milupa have similar ideas as to where formula technology is heading.

Cow & Gate's Niall Bowen says, "The main point of difficulty is that breast milk contains certain non-nutritive factors and growth proteins which enhance full absorption of nutrients and provide greater immunity for infants."

The pro-breastfeeding lobby would also argue that part of breastfeeding is the intimacy and bonding which it generates.

Obviously, these non-nutritive factors of breast milk still need to be addressed," he says, adding that research programmes are already under way to evaluate the safety and the feasibility of synthesising these ingredients.

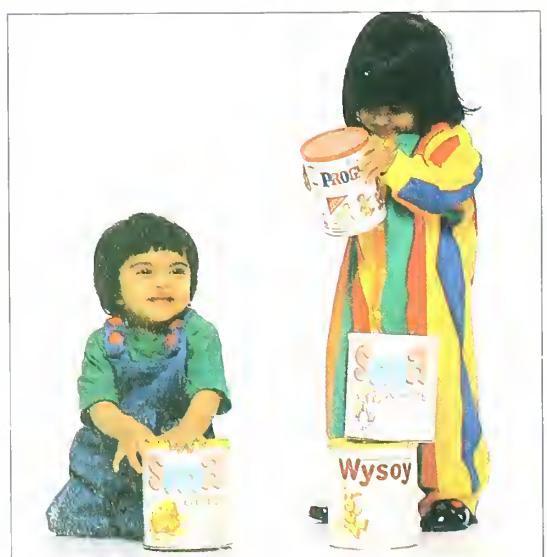
Milupa believes that nucleotides may be a potential area of interest, but stresses that it is very early days. Says Miss Holloway, "Nucleotides are, at the moment, like the LCP story five to 10 years ago. We are only one per cent along the whole road."

"We still have to find out and prove what they are and what they can do," she says.

Research to date shows that nucleotides are non-protein nitrogen which, together with their related metabolic proteins, are present in human milk in relatively large amounts — up to 20 per cent of non-protein nitrogen consists of free nucleotides.

They are components of the nucleic acids, RNA and DNA, and appear to be important in biosynthesis and as metabolic regulators. They also appear to have potential benefits to immunity, iron absorption, intestinal flora and lipid metabolism.

Milupa's logic is that as human milk has a specific content of free nucleotides, there is no obvious reason why they should not be present in formulae. In fact, they have already been added to some infant formulae in Europe and the USA and it is likely that an amendment to the EC directive on infant formulae will permit the addition of nucleotides with



SMA is still not convinced by the LCP argument

quantitative limits.

However, unlike LCPs, there is no clear evidence of the beneficial effects of nucleotides which is not really surprising, says Milupa, in view of the key structural and functional roles of LCPs in the body and the comparatively minor roles of free nucleotides.

This small amount of benefit conferred, adds Ms Holloway, may be a prohibitive factor when attempting to justify the necessary investment and possible pass-on cost to the consumer.

Moving on

Just as manufacturers have been examining ways to advance the first and second milks market, so demographics have demanded that follow-on milks receive yet more attention.

Although a pick-up in the number of live births is forecast, manufacturers have been using the anticipated change in the Department of Health's recommendations regarding milks and the six-month-old child to great advantage.

If predictions ring true that the COMA report will recommend follow-on milks are used by infants in the 6-12-month age bracket, then the market looks poised for tremendous growth.

The total milks market, according to Cow & Gate, is worth about £119.4 million (FSA), registering about 13 per cent value and 5 per cent volume 'good' growth. Of this, independent pharmacy takes a £21.7m share (Nielsen, July/August '94) registering 15 per cent year on year growth.

The follow-on milks market, now in its tenth year, is worth £20.4m at rrp, accounting for 17 per cent of the total milks market and has shown 5+ per cent value and +9 per cent volume growth over the past

year. Of this total value, independent pharmacy takes 8.7 per cent of the spoils, a 1.5 per cent increase on last year.

According to Milupa, there's still more growth to come. In Europe, follow on milks account for 30-40 per cent of the market, although there they are used from four months. "Although we don't expect that sort of penetration here," says Miss Holloway, "we do reckon on reaching 30 per cent of the market."

"Five to 10 years ago, hospitals recommended that cows' milk was fine from six months, but times have changed. Most mums now know that they should not use cows' milk and the numbers that don't are reducing," she says.

Over-optimistic words, perhaps. The Heinz-sponsored, FSA 'Baby Products Market in 1994' report notes that almost 1 per cent of parents still think that cows' milk can be given to babies as young as three months, while 17.7 per cent think it is suitable from six months.

The Office of Population Censuses and Surveys believes the situation is even worse since an infant feeding survey conducted in 1990 found that 42 per cent of mothers with babies aged 9-10 months were still giving cows' milk.

Milupa is confident that this nutritional ignorance is fading fast. "First-time mums take everything as gospel, so in the future there will only be a very small minority using cows' milk for babies aged one and under," says Miss Holloway. In addition, she says, follow-on milks fit in very nicely with mums wanting to see their babies moving onto the next developmental stage.

The launch of Forward earlier this year by Milupa (C&D August 6, p202) underlines the

company's confidence in the market. And despite it being a decade behind SMA Nutrition's pioneering Progress, Milupa is sure that its added value approach of extra energy density will secure a place on the fixture.

Milupa expects to snatch a 10 per cent share of the follow-on milks market, particularly targeting Progress purchasers. Milupa and SMA Nutrition formula users share the same demand for performance and are prepared to pay the premium. Their brand loyalty, says Milupa, pours over into the follow-on milks market and company shares in this area tend to approximately mirror those of the formula market.

FSA volume shares of infant formulae in independent pharmacies are: Cow & Gate, 43.2 per cent, SMA, 37.3, Farley's, 12.1, Milupa, 7.5. Follow-on milks are, by volume: SMA Progress, 42.9 per cent, C&G Step Up, 32.7; Farley's FOM, 14.8. (Source: FSA, to June, 1994.)

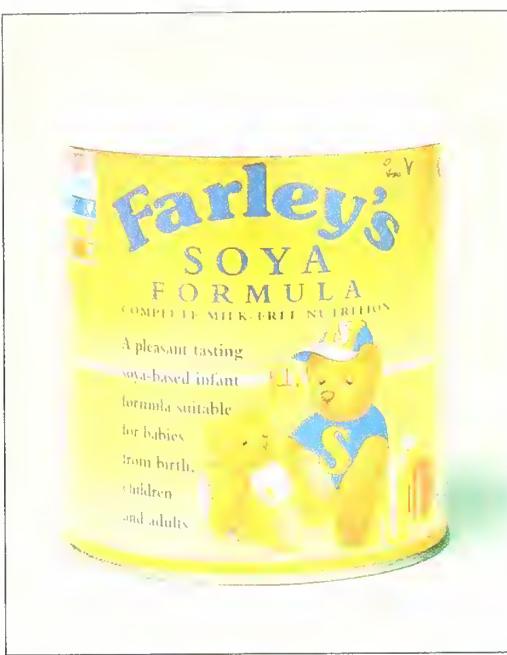
Follow-on

According to FSA, the bottles, teats and soothers market showed a 7 per cent year on year growth, ending 1993, with a value of £29.8m. Feeding bottles account for 52 per cent of the total market, teats purchased separately, 20.9 per cent; and soothers, 27.1 per cent.

Proprietary brands account for 55 per cent of the market.

Within this market, soothers and teats are showing the fastest growth, with sales increasing by 11 per cent year on year, leaving bottles standing with just 3 per cent of the market.

Mam believes that the possible links between soothers and a lower incidence of Sudden Infant Death Syndrome (*Babycare* October 16, 1993, p13) is aiding this growth.



Farley's Soya Formula, now marketed by Heinz, gets a revamp

Farley's makes it five

Following the relaunch of the four Farley's mainstream infant formulae, the company is now attending to its soya-based variant.

Suitable for children of all ages, the relaunched product will be marketed as Farley's Soya Formula. This follows the company's policy of simplifying consumer choice.

In addition, it will contain increased iron, vitamin C and zinc levels. This ensures an

improved molar ratio between the three substances, says the company. There is also an improved blend of fatty acids, precursors of long chain polyunsaturates.

Promotional information for health professionals, a nutritional comparison chart of all the UK's soya-based milk and consumer guides to milk intolerance have been produced. H J Heinz & Co. Tel: 081 848 2386.

Bottles are increasingly going towards wider neck versions, which are easier to fill and use, while the trend away from plain and functional towards fancy and fun continues, bringing with it a premium price tag.

Says Richard Bowen, corporate development director at Jackel International, which has 80-85 per cent of the UK soother market, both branded and non-branded. "Go back five years and every bottle was plain with nothing on it but graduations. Now it's very difficult to find a plain bottle — even if you wanted to."

Designer soothers have also come into vogue with orthodontic shapes to help jaw development, and character decoration, such as Disney, Paddington Bear, Sesame Street and Beatrix Potter, becoming regular faces on the fixture, while teats are becoming wider and, generally, silicone-based.

Although pro-breastfeeding lobby groups have been as persistent as ever in their efforts to encourage breastfeeding, pre- and post-natal survey figures on breast versus bottle feeding suggest they may be fighting a losing battle.

Figures for 1994 state that at

birth 44 per cent of mothers bottle feed, rising to 78 per cent by four months. Market researchers additionally believe that increasingly those who do breastfeed also top up with an infant formula.

These facts, coupled with the extra £40m (and rising) that Cow & Gate reckons is up for grabs from milks token exchange means that pharmacy is better placed than ever to gain from its infant formula fixtures.

The question is, is it enough to keep grocery at bay?

Making Progress

Keeping up its reputation for high-quality underlid offers, SMA is running a new promotion linking SMA Progress formula with the Progress clothing range.

The range comprises T-shirts in three sizes, 3-6, 6-12 and 12-18 months — featuring the SMA Progress clown — plus sweatshirts, caps and bibs.

These can be purchased as a set, individually or at a reduced price with the required proofs of purchase. SMA Nutrition Tel: 0628 660633.



Forward's added energy density approach targets Progress users

PRODUCT INFORMATION: **Presentation:** Gelatin capsules containing an oil containing active ingredients; Levomenthol Pu Eur 35.55mg, Chlorbutol B.P. 2.25mg, Terpinol B.P. 66.6mg, Thymol B.P. 3.15mg, Pumi Pine Oil B.P. 1980 103.05mg, Pine Oil Sylvester 9mg. **Uses:** For the symptomatic relief of nasal congestion and colds in the head. **Dosage and Administration:** Adults and children over 3 months: carefully sprinkle the contents onto bedding or material, avoiding the possibility of skin contact. Alternatively, add to a pint of hot water and inhale vapour freely. **Contra-indications, Warnings, etc.:** Karvol should not be used by patients who are sensitive to any of the ingredients. Not recommended for children under 3 months of age. Avoid contact with eyes and prolonged contact with the skin. Do not take internally. **Package Quantities:** Packs containing 10 or 20 capsules. **RSP:** Capsules 10s £1.69, Capsules 20s £3.09. **Product Licence No:** PL 0327/5914. Crookes Healthcare Ltd, Nottingham NG2



A little piece of quiet.

All children need warmth and affection, but those with nasal congestion also need effective relief.

That's what they get from Karvol. It allows them to breathe easily throughout the night; and it does so gently, as there's nothing to swallow or rub onto a child's chest. Simply dab the pre-

measured dose on a handkerchief tied to the cot, and the natural vapours of pine, menthol and cinnamon effectively unblock stuffy noses.

That means a good night's sleep for children and their parents - and keeps Karvol in front as the most recommended nasal decongestant for children.



Gently does it

Cow & Gate criticised

Cow & Gate has come in for criticism over its sponsorship of a May TV appeal for food aid to Bosnia.

According to breastfeeding protagonists, Baby Milk Action, the Channel 4 advert suggested that breastfeeding did not protect against infection and implied an urgent need for baby milk as aid.

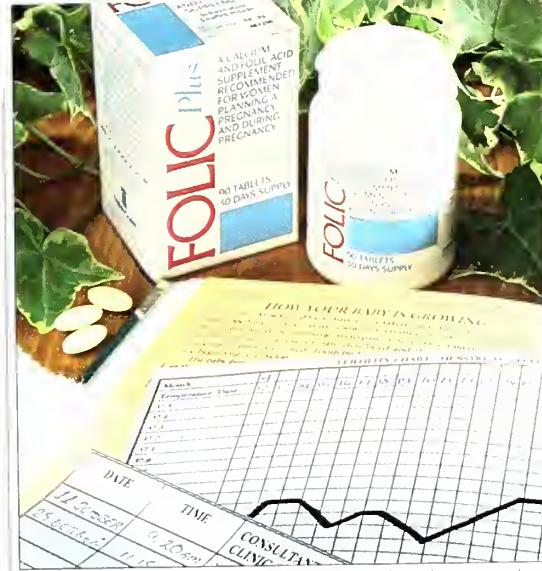
This approach, says the action group, contravenes the 1981 World Health Organisation/UNICEF International Code of Marketing of Breastmilk Substitutes. This code, however, does not fall under UK legislation.

The Cow & Gate-sponsored commercial is highlighted in a Top 10 of what Baby Milk Action calls "blatant violations of the code".

Its report, 'Breaking the Rules', is available from the group, price £3.50.

- Baby Milk Action says that 231 letters from bodies including the British Medical Association, the Royal College of Nursing, the Royal College of Midwives and the Health Visitors Association have been sent to the Government calling for a ban on formula advertising to the public.

Although a voluntary agreement already exists, Baby Milk Action says this is being "flouted" to the tune of £12 million a year. The letters come in anticipation of the EC Directive, EC91/321, which allows member states the choice of whether or not to institute a ban. Baby Milk Action. Tel: 0223 464420.



According to a recent study in the British Journal of Obstetrics and Gynaecology, 67 per cent of women attending an antenatal class were unaware of the folic acid recommendations of the Department of Health. Hence, pharmacists have a major role to play in communicating the folic acid message, says English Grants, which is running consumer press advertising for its three tablets a day supplement. Folic Plus (12.89).

Teeth & Gum

For parents having trouble in getting their children to clean their teeth properly, Ameuro now has the solution — in the form of its recently launched Infra-dent Baby Toothbrush and Gum Massager.

The finger toothbrush retails at £1.79 and is designed to fit on an adult's index finger. This allows parents better access to hard to reach areas of the mouth while soothing children's sore gums caused by teething.

It can be a useful device for applying teething gels, too.

The company also markets a apple-banana-flavoured First Teeth Baby Toothpaste, rsp £4.49 for 42g. Ameuro Products. Tel: 051 527 1964.

Token exchange

To prepare pharmacy staff for enquiries arising from milk token exchange, Cow & Gate has developed two learning packages.

The move follows an announcement by C&G marketing director Niall Bowen that a nationwide milks welfare scheme is imminent (C&D September 17, p49).

For assistants, the company has updated its distance learning package, while for pharmacists, a computer assisted learning package covering the total baby care market is available.

The proposals, which have been agreed "in principle" by the Department of Health, wipe out regional variations in pharmacists' reimbursement. They should be in place by April.

Mr Bowen, who presented the news at Unichem's Vancouver convention, values the milk token business at about £40 million a year and rising. The company says that 80 per cent of mothers prefer exchanging tokens at a pharmacy. Cow & Gate Nutricia. Tel: 0225 768381.

Nuk hand out

Now available from Nuk is a series of health professional and consumer leaflets outlining the company's recently-launched range of baby feeding products and orthodontic teats. In addition, the company runs education programmes through health visitor and midwife conferences.

Nuk sees the launch as part of the trend towards "intelligent" products. Quest Consumer Products. Tel: 081 531 7241.

Pan-European pads

Pigeon Ultra absorbent breast pads are now available to UK pharmacists in pan-European livery at a reduced rsp of £2.99 for 24.

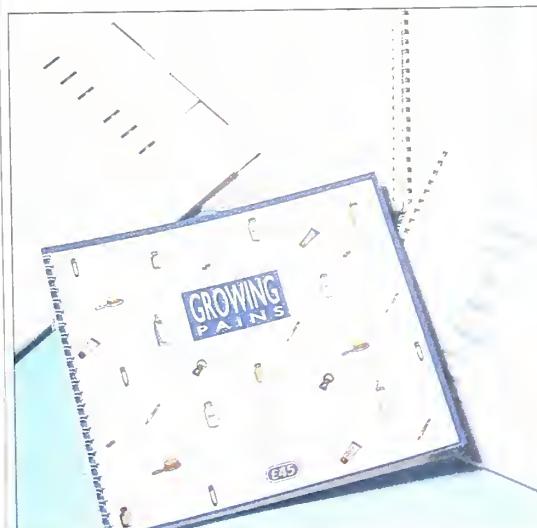
The company's Magmag drinking system also benefits from a redesign, new graphics and life style photography, plus a clear, self-sealing hood, aim to bring the brand right up to date.

Mother and baby press advertising will run in support of both brands.

Also available from Pigeon is the Insti-bottle, a travel product designed to make up fresh formula feeds when out and about. Caretime Ltd. Tel: 081 964 0002.



The whole of Dendron's Dentinox range -- Dentinox colic drops, teething gel and cradle cap shampoo -- will continue to receive professional and consumer press advertising support. A bright shelf organiser is also available.



Information on infant health problems, such as infectious diseases, everyday skin complaints, emergencies, height and weight charts and vaccination schedules is available in Crookes Healthcare's booklet '145 Growing Pains'. The first copy is free to pharmacists, but subsequent copies cost £1.00, part of which will be donated to charity. To order, send a £1.00 cheque to Crookes Healthcare Ltd, 145 Station Road, Crookes, Sheffield S10 2JL, or call 0114 263 0200.



According to Colgate-Palmolive, manufacturer of Colgate O-Gel and Mini junior toothbrushes, the pre-school oral care market is worth around £5 million and is showing 20 per cent year-on-year growth. New research suggests that 44 per cent of babies have at least one tooth by the age of three months and 70 per cent have at least one tooth by the age of five months.

Medicines

• Drapolene has been repackaged in white tubs with pink and blue labelling. It is now in four sizes - 75g (£1.59), 150g (£2.59), 350g (£5.79) and 500g (£7.99). The tubes have been discontinued.

Warner Wellcome is supporting the relaunch through consumer sampling, the detailing and sampling of GPs and health professionals and advertising in the parenting and consumer press.

• Woodwards teething gel has a new look pack with clear instructions and information on how to relieve teething discomfort.

• Seton Healthcare has restyled the Cupanol under six and over six packs. The under six variant is available in two new sizes - 70ml and 140ml - which replace the 100ml and 200ml sizes. There will be advertising in the mother and baby press and an awareness campaign aimed at healthcare professionals.

The company recently launched Cupanol paediatric, a sugar-free paracetamol suspension (120mg/5ml) in dispensing packs of 100ml, 150ml and 200ml. It is available at Drug Tariff prices and can be dispensed against open prescriptions.



Woodward's new-look teething gel, pictured with gripe water



When teething, colds, earaches, headaches and sore throats are a pain for your baby, Goldshield HealthCare recommends Infadrops supported this year by new pos material. In addition to its indication as a treatment for mild to moderate pain associated with the above conditions, Infadrops is specifically indicated as an anti-pyretic for the treatment of fever associated with vaccinations in babies under three months old. It is a concentrated, sugar free solution of 100mg/ml paracetamol.

- Goldshield is also supporting a new booklet being produced by the National Eczema Society.



The Cupanol range is to see consumer and trade press advertising

With over 25 years of manufacture of tried and trusted baby medicines, you know you can recommend Dentinox with confidence for use from birth onwards. So whether it is wind and gripping pains, cradle cap or teething - trust Dentinox to make it better.

Dentinox®
TRIED AND TRUSTED FOR BABIES

Skill in play

be first five years of a child's life is a period of rapid development, a time for learning many basic physical, mental and social skills. One of the most important ways in which a child learns to develop these skills is through play. When children play, they are not just enjoying themselves. Play provides stimulation, it helps children observe, teaches them to concentrate and provides an opportunity for creativity and imagination, as June Thompson, RGN RM RHV, reports

Toys are an important part of play. They can help children distinguish between colour, size, shape, texture, sound and weight, and so develop their understanding of the world around them.

Toys also encourage physical activities, creative, social and intellectual skills.

But, if children are to benefit from a toy, it needs to be appropriate for their age, development and personality. If a toy is too advanced, it will cause frustration; if it is too simple the child will soon become bored.

Parents need to be advised, therefore, of the importance of choosing the right toy. Toys such as wooden building bricks or Lego are good basic buys from an early age, as these can be used for several years.

Toys can be expensive and, when buying, parents should aim for those with many uses, eg toys which help a child learn about sound and touch, or help the development of new skills and imagination.

Safety

Another important aspect for parents choosing toys is safety. Parents should be advised only to buy those toys which carry the Lion mark, which indicates that the toy has been manufactured

to British Standards or EN71. The CE mark is not a guarantee of consumer safety. Look out for reputable manufacturers.

Ideally, the right toys will help a child's motor, social and emotional development, hand to eye co-ordination, language development, and intellectual development throughout the first few years.

Birth to 6 months

From birth, a baby can see light, shade and colour and will follow a moving object at close range. To provide interest and stimulation, good first toys are colourful mobiles, including ribbons or strips of foil that move in the air. Wrist rattles, musical toys and squeaky toys give sight and sound stimulation. However, too loud a noise or a squeak too close to a baby's ear

them with the mouth.

Exploring toys in this way helps a baby develop a sense of shape and size, and gives insight into taste and texture. Toys should therefore be safe to suck and chew.

They should also be light, as they are likely to be waved about, possibly hitting the baby in the face in the process. And, as the six month old baby is likely to fling toys in all directions or bang them vigorously, they need to be strong.

Suitable first toys which many pharmacies provide include lightweight rattles, small balls with holes or grips and a squeak or bell, teething rings, cuddly soft toys, bath toys, pram beads and rag books.

Six to 12 month

From about the age of six

Special needs

Some children go through developmental delays, which range from a minor or specific problem in one area to severe mental and physical disabilities. Their needs are basically the same as those of a normal child, with toys matching the child's mental age and ability.

Toys should offer immediate appeal to the child with special needs. They should be bright and colourful and offer sound and action. If a child has a hearing impairment, toys should be chosen to stimulate language; visually impaired children need to explore different materials with their hands and mouths.

The strength of the toy will also need to be taken into account if a toy made for a younger child is to be used by an older counterpart.

a variety of containers

Between the ages of 15 to 18 months children are usually walking and push and pull along toys will help balance. Picture books with familiar objects are an enjoyable way for parents to encourage a child to point at, and name, objects. This helps speech development.

By 12 months, babies are more adept at using their hands and are starting to say a few words. At this age, suitable toys which pharmacies could provide include activity centres, sorting toys, such as nesting boxes and

By 18 months, the child is also beginning to appreciate household objects and will try to copy everyday household tasks, such as sweeping and dusting. Toys are now starting to be used for construction as well as for taking apart.

Suitable toys include cardboard boxes and containers, push, pull and sit toys, simple puzzles, posting boxes, books and crayons, and miniature household objects.

18 months to 2 years

Between the ages of 18 months and two years, children's motor skills are becoming more advanced. They may begin running and will enjoy kicking and throwing balls, despite the risk of overbalancing. They can build a tower of two to three bricks and will scribble spontaneously when given a pencil and paper. Their vocabulary is extending and they can understand many words and nursery rhymes.

Children are beginning to develop an understanding of their bodies and can point to two or three features on a doll such as eyes and nose.

Suitable toys include musical toys with nursery rhymes, crayons and paper, books, and hammer and pegs. Out of doors balls, sand pits and paddling pools.

Two to three years

By the age of two, children usually have much more finely controlled hand movements and will enjoy building models with construction toys, doing simple jigsaws and threading large beads. Books are being carefully looked at and pages turned one at a time. Children will also recognise one or two colours.

Sand, water, dough and paint. Continued on p12



may startle or can be unpleasant.

Between the ages of three to six months, babies become increasingly alert and begin to control their movements. They are increasingly fascinated by their hands and will attempt to reach out and grasp objects. By the age of five months, they will grasp objects such as rattles with both hands and will explore

months, a baby is increasingly on the move — rolling and squirming on the floor, crawling and starting to walk. Toys that move easily when touched will encourage a baby to reach out and go after them.

To encourage mobility, push along toys that won't tip up or pull along toys on a string are ideal.

Stacking rings, blocks, small push along toys, and telephones

At this age, children are very active and curious. They will enjoy tipping out and rummaging through large boxes filled with objects such as wooden spoons, plastic cartons, pegs, wooden bricks and

Kiddiwinks - a new generation for Lewis Woolf Griptight

A new birth is always a cause for celebration. Kiddiwinks from Lewis Woolf Griptight is a completely new start for a company which has been a key player in the babycare market for over 100 years. The stunning range of 34 products was greeted with enthusiasm by buyers and media alike this September at its Chemex launch. Mums will enjoy choosing from a selection of bottles, teats, soothers, feed time accessories, sundries and toys. Here we focus the spotlight on the company.

Having analysed not only the company itself but also the overall babycare market, John Keen, newly appointed executive sales director at LWG, felt the company was ideally poised to launch a new brand in 1994. The arrival of Kiddiwinks is part of a strategy to change the emphasis within the firm by taking its existing manufacturing experience and combining it with the impetus and creativity of a fresh marketing team to develop and market its own brand business. Outside agencies were appointed for their expertise in market research, branding, packaging design, advertising and public relations to ensure Kiddiwinks really meets the needs of mums and babies and of course, ultimately sells through!

Over 50 per cent of the Kiddiwinks range is British, produced in the Midlands by LWG's own factory. The remainder has been sourced from quality manufacturers in Europe and the Far East to the highest specifications. With a restructured sales and marketing department and upgraded in-house design facilities, LWG are confident that the Kiddiwinks brand will take the company from strength to strength.

Kiddiwinks - a brand born out of research

During the 18 months following the conception



of Kiddiwinks, LWG's newly created marketing department researched exactly what mums and mums-to-be wanted from their babycare feeding products and accessories. Subsequently, each detail was reviewed at every stage

of the development process.

Research for the Kiddiwinks brand revealed that mums had a distinct preference for ethically styled products which still manage to be fun and lively for their baby. The presentation of each item

was deliberately kept predominantly white to emphasise that quality and functionality have not been sacrificed to extravagant design. The 24in merchandising stand is eye-catching - all the range is clearly and accessibly

displayed and attractively colour co-ordinated (it will be so hard to resist those impulse purchases!) Customers will also be delighted that Kiddiwinks includes not only basics perfect for the newly born but follows through with rattle toys and feed time equipment suitable for children up to three and a half years old. They will know where to keep coming back for more!

Decorative motifs play an important part in the Kiddiwinks image: dolphins, ducks, elephants and clowns all appear as a direct result of market research. The Kiddiwinks toddlers themselves are already proving memorably endearing to the whole family. A terrific selling point is the appeal of the lilac and pastel green livery to mothers of both boys and girls, so very important when setting up the nursery before the birth. Nowadays, although grandparents might still stick to traditional blues and pinks many modern parents steer away from such stereotypical choices and will welcome Kiddiwinks as a refreshing alternative.

Kiddiwinks has been designed with the specific aim of offering a solid choice of quality, stylish babycare items with the added attraction to both the consumer and retailer of a selection of products with unique features which LWG believe will please mums and babies alike.

The range in focus

Pharmacists are often consulted by nervous first time mums to help them with the maze of products on the babycare market. So, problem solvers like Kiddiwinks Silicone Head Spoon, for instance, will prove a boon to their customers. Its flexible silicone bowl is designed to help avoid injury to the soft palate as baby makes her first clumsy attempts at self-feeding. Mums have also commented that it is ideal for the last awkward scraps of food left in the bowl or on baby's face. Successfully advising mums will inevitably create a rapport

with the pharmacist to encourage her to regularly use the shop and its services.

Another feed time bonus is the Staywarm Suction Bowl which has a screw-on cap to ensure small fingers can't

primary and pastel colourways there is plenty of choice to tempt mums as they buy their bottles and other necessities. Over the coming months several more fun and stimulating toddler toys will join the

quality and safety - both of which they can be assured as Kiddiwinks has been put through a series of rigorous quality control tests. To help provide the best advice to the customer straightforward instructions for usage, safety and sterilising, sometimes with detailed diagrams, are featured on packs.



let out

scalding water and, unusually for such a bowl, the suction really does work, so avoiding toddler's lunch regularly ending up all over the floor!

LWG's research also revealed discontent with the standard opaque drinking cup. In response, the Kiddiwinks Two Handled Cup is clear with a graduated scale to allow concentrates to be correctly diluted and consumption judged.

A completely new departure for Lewis Woolf Griptight is the inclusion of toys in the Kiddiwinks line-up. Produced as both

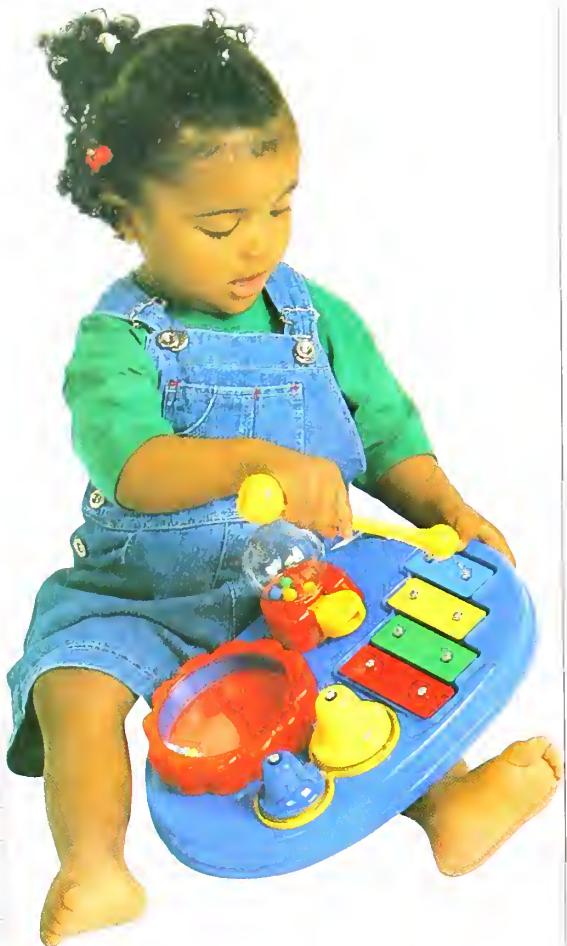
range at competitive prices.

Top priority for mothers when buying babycare equipment will always be

For trade enquiries please contact: Lewis Woolf Griptight Ltd, Main Road, Wyre Piddle, Nr Pershore, Worcestershire WR10 2HW. Tel: 01386-553386; Fax: 01386-556362.



kiddiwinks™



Meningitis — the untamed killer

Last month's National Meningitis Awareness Week drew attention to the fact that the disease is still deadly, in spite of new vaccines. Adrienne de Mont looks at some recent research into causes and cures

Meningitis is an inflammation of the lining of the brain and spinal cord, caused by common micro-organisms which live naturally at the back of the throat.

Bacterial meningitis is rare, but can be fatal or lead to permanent handicap, such as brain damage or deafness.

Viral meningitis is more common, but less serious.

The bacteria are spread by coughing, sneezing and kissing, but they cannot live for more than a few seconds outside the body. They cannot be picked up from the water supply, swimming pools or from buildings.

The incubation period is between 2-10 days.

Most people develop immunity without contracting the disease and it is still unclear why only a small proportion of those exposed to the organisms become ill.

Vaccinations

There is as yet no vaccine to protect against all strains of meningitis.

The Hib vaccine, launched in 1992 and offered to all babies as part of the routine immunisation programme, protects only against *Haemophilus influenzae type B*. This bacterium is the most common cause of meningitis in children under four.

Babies have maternal antibodies against Hib bacteria, but the antibody levels decline after about three months of age. Children do not produce their own antibodies until around the age of two, leaving a period during which they are highly susceptible to infection.

Bacterial meningitis can also be caused by a meningococcus, *Neisseria meningitidis*. Vaccines are available against the A and C strains (ACVax and Mengivac A+C), but are usually reserved for travellers to countries at high risk of epidemics, such as Saudi Arabia and parts of Africa.

Group C meningitis is fairly

common in the UK (about 30 per cent of cases), but group A much less so. The most common meningococcus is B strain, for which an effective, long lasting vaccine remains elusive.

A third cause of meningitis is *Streptococcus pneumoniae*.

Pneumococcal vaccines are recommended for people at high risk, such as those with sickle cell disease or whose spleen has been removed.

Vaccine research

The meningococcus B strain poses particular problems for vaccine development as it is coated with a jelly-like carbohydrate which mimics the surface of human cells. Because the immune system does not recognise this carbohydrate as foreign it cannot be used to produce a vaccine.

The Meningitis Research Group in the molecular microbiology department, Southampton University Medical School, has been trying to develop a vaccine which could be used in the normal programme of childhood vaccinations to prevent meningococcal meningitis.

Dr John Heckels and his colleagues are focusing on the proteins present underneath the jelly-like surface layer of the meningococcus.

One of the proteins, protein I, is capable of producing antibodies in humans which protect against infection, so in theory this protein could be used for immunisation.

But purification is extremely difficult. The stringent conditions needed to remove other toxic substances also tend to destroy the protective properties of the protein.

The Southampton group has succeeded in cloning the gene responsible for producing protein I in non-pathogenic *Escherichia coli*. The researchers have determined the gene's structure and identified the region responsible for stimulating the immune system to produce antibodies.

They are now trying to synthesise artificially a molecule which resembles this critical fragment of the protein.

So far they have manufactured a cyclic peptide which can stimulate antibodies to kill the meningococcus.

At present the antibody levels are not sufficient to produce long lasting immunity, although results with the experimental vaccine have been encouraging.

The researchers are now trying to develop more effective and long-lasting immunising agents.

The Meningitis Research

What to look for in babies

The illness may develop over a couple of days or very rapidly, sometimes in a few hours.

The following signs and symptoms may occur in babies, but not necessarily all at the same time:

- Fever
- Refusing feeds or vomiting
- Fretfulness
- Difficulty in waking
- A high-pitched, moaning cry
- Pale or blotchy skin
- Rash of red-purple spots or bruises caused by bleeding under the skin, particularly with meningococcal meningitis.

Group at Nottingham University's department of pharmaceutical sciences is looking at the role of iron in vaccine development.

Meningitis-causing bacteria need iron to grow. In the human body this iron is tightly bound to transferrin in the blood and cerebrospinal fluid. When *Haemophilus influenzae type B* and *Neisseria meningitidis* infect these fluids, they remove iron using transferrin-binding proteins on their outer surface.

The Nottingham researchers believe that the binding of transferrin to the bacterial cell is important for the bacteria to

Continued from p9

play encourages exploration and creativity.

Suitable toys include paper, paints and pencils, make-believe props, balls, large beads and string, tea sets, playdough, large cardboard boxes, sit and ride toys, climbing frames and swings, sand pits, buckets and spades.

Three to four years

By the age of three to four, most children will have advanced considerably in motor development, hand to eye co-ordination, language development and sociability.

At this age they can ride a tricycle or pedal car and will enjoy climbing frames with a certain amount of agility. Make believe and pretence is enjoyed including imaginary companions and objects.

Blunt ended scissors to cut out

pictures in magazines will encourage manual dexterity.

Suitable toys include first building sets, scissors, paste and paint, bikes, pedal cars, dressing up clothes, wendy houses, magazines for cutting up, toy tools, glove puppets and colouring books.

Four to five years

By the age of four, a child's ability to think is maturing rapidly, and concentration is developing, so that they will be able to sit for a short period with a board game. Balance, climbing and tricycle riding skills are increasing. Dressing up, dramatic play and constructing 'dens' out of sheets or materials are popular activities.

Suitable toys will include picture card games, dolls houses, sewing cards, toy clocks, modelling clay, scooters, jigsaws and drama props.

Tips for parents

- Buy toys that are appropriate for the child's age and ability
- One or two good toys are better than several poor ones
- Don't forget to buy batteries if the toys need them
- For babies, choose toys that are hygienic and easy to keep clean
- Avoid toys with small pieces which babies and toddlers could swallow
- Try to buy toys with several play functions
- Take extra care when buying second-hand toys
- Only buy toys with the Lion mark or well known brands
- Check that eyes on toys are firmly fixed, and there are no sharp parts which could injure a child



Hib vaccine has cut deaths, but the search continues for other vaccines

survive and they are looking at ways of interrupting the process.

Experiments have also shown that the transferrin-binding proteins of the two types of bacteria are very similar.

Blood samples taken from patients recovering from Haemophilus meningitis contain antibodies which attack the transferrin-binding proteins of *Neisseria meningitidis* as well as *Haemophilus*. Similarly, patients recovering from meningococcal meningitis make antibodies which recognise both types of transferrin-binding proteins.

The researchers have cloned a 9,000 base piece of DNA from *Haemophilus influenzae type B* that confers a transferrin-binding ability to non-binding *E. coli* and they have been trying to determine the protein sequence of the transferrin-binding proteins.

They have also identified a cellular protein which can sense physiological iron levels and switch on or off the synthesis of the iron-regulated outer membrane proteins.

"These discoveries offer exciting opportunities for the development of new vaccines which could offer children and adults protection from both forms of bacterial meningitis," the researchers say.

The work at Nottingham and Southampton has been helped by grants from the National Meningitis Trust.

Incidence

About 2,000 people a year contract bacterial meningitis, but

the numbers affected by Hib meningitis have fallen dramatically since vaccines were introduced in 1992.

Between January and the end of August, only 38 cases of Hib meningitis — which occurs in children under four — were reported, compared with 143 in the same period the previous year.

According to the National Meningitis Trust, the take-up of the vaccine has generally been good.

Two new vaccines introduced this summer by Lederle-Praxis and Merieux combine the Hib vaccine with the triple vaccine for diphtheria, tetanus and pertussis, thereby reducing the number of

injections needed to obtain immunity.

The National Meningitis Trust is a charity which raises money for medical research, provides free information about meningitis and supports sufferers and their families.

The Trust has an information leaflet, 'About meningitis', and quick-reference 'Symptom cards' which are available from The National Meningitis Trust, Fern House, Bath Road, Stroud, Gloucestershire GL5 3TJ (tel 0453 751738). The leaflets are available free for pharmacists to give to customers, but the Trust welcomes donations to cover postage.

Methods of treatment

Early referral to a GP is essential, as bacterial meningitis must be treated immediately with antibiotics.

Antibiotics are ineffective in viral meningitis. In this case, treatment consists of good nursing care and being aware that the after-effects of tiredness and depression are likely to be prolonged.

In meningococcal meningitis, and sometimes with Hib, close family members may be offered antibiotics to reduce the risk of becoming ill.

Other contacts, such as schoolfriends and work colleagues, are only rarely at higher risk and do not normally need special treatment.

When isolated cases occur, pharmacists can reassure worried customers that the disease is not highly contagious and there is no need to panic.

A parent whose child has been in prolonged contact with a case of meningitis at school could be referred to a GP for possible antibiotics. Usually, the school itself will initiate this procedure.

Home on the range

Every parent wishes they had the time to cook for their baby. After all, there's nothing like home cooking — or is there? Ailsa Colquhoun explodes the great meal time myth

hen Cow & Gate announced the launch last year of its Olivari home-made recipe challenge, little did it realise what a can of worms it was opening.

Although the 2,000 or so entries received showed that Britain's parents are not short on enthusiasm and ideas, the results should give pharmacists something to worry about: parents do not know best when it comes to feeding their babies. As Niall Bowen, Cow & Gate marketing director, explains: "Many [of the entries] were immediately regarded as unsuitable because of their nutrient content."

More worrying still, the Cow & Gate findings are not unique. A study recently conducted at the University of Surrey suggests that, in many cases, home-made food is generally not as suitable as has been believed. The study, monitoring all food being prepared, showed

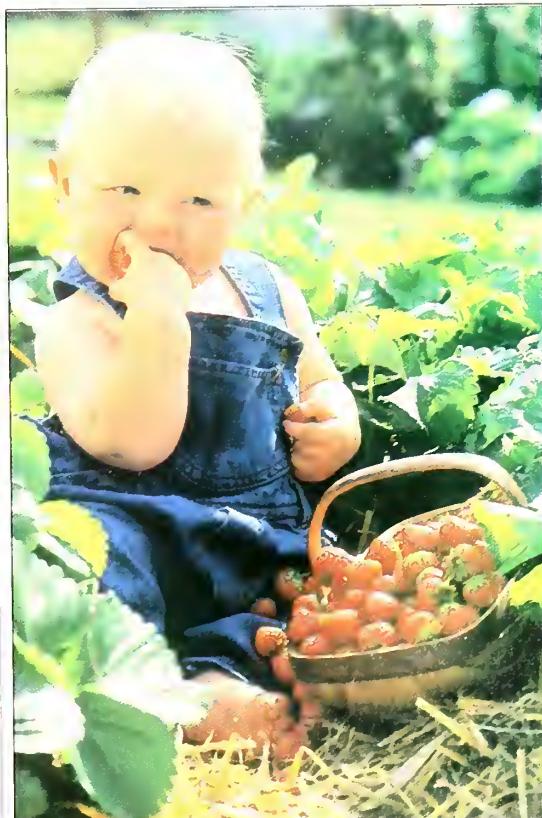
that many meals contained far too much salt and fibre.

"The problem is that mums receive all the messages of socially healthy eating and make the assumption that if it's good for them, then it will be good for their infants. But in many cases that's just not true," says Mr Bowen. "As manufacturers, we need to devise ways to make mothers better informed."

And quickly, too. According to Mr Bowen, FSA statistics to April, 1994 suggest that 43 per cent of mothers had not bought a wet or dry meal in the last week which, compared to 1993, represents a 2 per cent movement away from convenience foods.

Mums are still working and their time is as precious as ever. But the real reason for the slight growth in home-made meals is that there is an increasing focus on freshness and the perceived quality of home-cooked foods.

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"Economic factors are also still relevant and, until recessionary pressure subsides, mothers are opting for home-made," he says.

Heinz also notes the large numbers of mums still cooking for themselves. In an optimistic message it advises pharmacies to respond to the "substantial baby meals growth potential offered by the hitherto largely untapped market made up of mums who currently serve their babies home-made food".

"In theory, it's a £200 million opportunity," says Heinz category manager, Roger Hobbs. "Or at least that's the total estimated worth of commercial baby food sales which could be generated if manufactured foods replaced all baby foods currently prepared in the home."

The Health Visitors' Association and the National Childbirth Trust agree that the level of nutritional awareness among mothers with children of weaning age can at best be described as only fair to low. A survey they commissioned found that only three in ten mothers were thought to have a good knowledge of the weaning process.

Some theories put forward by the HVA as to why nutrition levels are so poor are that parents either can't afford to buy the correct foods or are too busy with work to cook properly for their children. Some simply don't know how.

When the UK's Office of Population Censuses and Surveys compiled its report entitled, 'Infant Feeding 1990', mothers were asked which foods or food ingredients should always be avoided when feeding an infant.

The most commonly broken rules were:

- adding cereals to bottled foods
- adding sugar
- adding salt

Many of a child's weight problems start with weaning, says the HVA and the NCT, which earlier this year suggested that babies are being exposed to a greater risk of asthma, eczema and constipation because baby food manufacturers encourage weaning to early.

According to 70 per cent of health visitors, mothers turn to manufacturers for advice on weaning — with disastrous results — because advertising, the media and professional information just confuses parents about the nutritional needs of their children.

The HVA also criticises the implication that it is progress to move onto solid foods. Many manufacturers say that weaning can begin at three to four months, despite predictions that the forthcoming COMA infant feeding report will recommend that babies are not weaned until at least four months.

Despite the economic forces at play in the increasing share of home cooking, most mums still buy commercially-prepared foods. The same HVA survey which warns of the potentially dangerous lack of nutritional knowledge among mothers notes that 20 per cent now use less than 50 per cent fresh food when making up a baby's diet.

Most breastfeeding counsellors agree that convenience foods now account for a higher proportion of a baby's diet than ever before, the reason being the increased numbers of women going out to work who now have less time available to prepare fresh food.

Unfortunately, a mother's reasons for doing so may not be grounded in nutritional



Cow & Gate's challenge highlights the information gap

concern. Of those using pre-prepared food, 52 per cent did so due to ease of preparation, says the HVA. Only 14 per cent chose pre-prepared options on the basis of sufficient nutritional content.

Encouraged by the still high levels of convenience food buying, but conscious of the movements to home-made cooking, baby food manufacturers have reacted by introducing ranges which mirror the 'home-made' flavour. After all, says Mr Hobbs, "getting the quality of home-prepared food at a price which the consumer will willingly pay is the key to tapping the 'rich vein' of mums outside the commercial sector."

One of the first companies to exploit this potential was Cow & Gate, which, says Mr Bowen, "started the trend when Olivarit

was introduced in 1989, positioned as a brand that looks and tastes home-made."

Milupa and Heinz, too, have recognised the potential of the home-made market, taking a slightly different tack with their ranges of pour over sauces.

Says Mr Hobbs, "If so many mums still make their own food, there's still plenty of opportunity to bridge the gap with products that complement home-prepared foods. This is the thinking behind the Pour Over Sauces launched by Heinz and similar versions by other companies.

"Freshness and natural ingredients are of paramount importance to mums who currently make their own. Most home-made food is prepared by mashing up vegetables and meats — so the meal can be somewhat uninspiring. But adult sauces and gravies are often inappropriate for babies as they are normally high in sodium and artificial additives."

These sauces are often a nutritional solution for the pro-home cooking lobby. Says Jane Mayall, Milupa's marketing manager, new produce "It's quite difficult to provide totally nutritional meals from scratch. Generally speaking, to mash vegetables sufficiently small, you have to boil them very soft, which destroys most of the goodness, beef and mince are difficult, if not impossible, to mash at all."

"Mums, therefore, tend to concentrate on vegetables, which means the protein levels may be quite low. Baby sauces can, therefore, be seen as a top-up."

The policy has worked for Heinz, which reckons that, post-re-launch, its babyfood

portfolio has increased its value share of the market by 7 per cent.

In 1993, the total foods market was valued at £121m in sales, a 6 per cent rise on the previous year. Total wet baby meals grew 9 per cent to £70.5m, while dry grew nearly 3 per cent to £50.5m.

Market shares, according to FSA, are currently Heinz (wet), £39.8m, representing a 32.9 per cent value and 55.2 per cent volume share; Milupa (dry), £19.4m, representing a 16 per cent value and 5.9 per cent volume share; Cow & Gate (wet and dry), £19.2m, representing 15.9 per cent value and 17.5 per cent volume; Farley's (wet), £17.9m, representing 14.8 per cent value and 5.9 per cent volume share; and Robinsons (dry), £6.6m, representing 5.5 per cent value and 2.4 per cent volume share.

Although the 6 per cent growth seen in the market has not over-enthused manufacturers, exciting buying trends are forecast. Given the predicted demographic movements of the coming years, the market is expected to comprise a larger number of older first-time mothers who, it is believed, will be willing to pay a premium for convenience. Manufacturers also note an increasing demand for adult-like food.

Explains Ms Mayall, "Older babies want to eat the same as the rest of the family. Mothers, too, are demanding more and more meals to replicate what the rest of the family is eating. This, perhaps, goes some way to explaining why branded baby desserts have increasingly been ousted by products such as Baby Danone and fromage frais."

However, the trend to feed the baby with a junior version of what mum and dad are eating provides manufacturers and retailers with an opportunity to upgrade the baby food fixture with more appetising-sounding ranges.

Milupa has taken the concept on board with its recently extended Junior range, which offers babies the taste and texture of adult food. This, says Ms Mayall, is a way to appeal to adults wanting to give junior grown-up foods without losing them to the adult food shelves.

In addition, it is hoped that the ranges will offer mum a much-needed wide range of choice. Says Ms Mayall: "More and more mums are looking for something special to give to their baby on special occasions."

From the recent launches in the baby food sector, it would appear that organic baby foods

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The Robinsons pure concentrated baby fruit juice range, newly-extended with an apple and blackcurrant variety, will be supported by regular Bounty baby and infant guides, mother and baby press, and consumer magazine advertising.

Over the last year, Milupa has once again proved to be the most popular dry babyfood brand in pharmacies.⁸ We're not just the top seller though, we're also the top innovator in every sector of the market.

As part of our commitment to innovation we've launched the first complete range of dry Junior foods across all mealtimes to add to our successful range of Infant Foods.

We've also created a totally new concept in baby feeding with Milupa Baby Sauces. And we've scored another first with the introduction of the only sugar free herbal baby drink on the market.

Whilst we've been doing all this in the babyfoods market, Milupa has also made a world breakthrough in the infant milks market. Aptamil with Milupan is the only infant milk to provide the important long chain lipids (LCPs) present in breastmilk that babies need for early development.

If you want to share in our success, all you have to do is make sure we're in prime position. And like Milupa, you'll stay at the top.

milupa
Experts in
Infant Nutrition.

See your representative or
ring our Sales Department on 081-573 9966
Milupa Ltd., Milupa House, Uxbridge Road,
Hillingdon, Uxbridge, Middlesex UB10 0NF

*Source: Nielsen Tot Pharm £12 m c 1 A '94



The Top Seller.



The Top Innovator.

IMPORTANT NOTICE: Breastfeeding is best for a baby. A doctor, midwife, nurse, health visitor, dietitian or pharmacist should be consulted for any advice needed. If an infant milk is used, it is important for a baby's health that all preparation instructions are followed carefully.

Continued from p14

is an area to watch. Milupa has just come on board with its Natural Choice range which, says the company, answers consumers' demands for something natural, healthy and different. Heinz, too, believes that organic recipes have lost some of their mystique in consumers' minds, while Cow & Gate says an organic range is "something the company is keeping an eye on".

"Logically, it is the way to progress in the market," says Mr Bowen.

Captiva Brands, which set up two years ago to exploit the potential of the organic market, believes that mainstream users are now concerned about the use of additives. Citing research stating that 79 per cent of mothers are concerned about added sugar and 75 per cent about flavourings, company commercial director Jane Dick says: "We know from our research that health professionals and mums are aware of the widespread use of additives in baby foods." This, she says, accounts for the estimated 40 per cent of mums who insist upon home cooking and the 25 per cent who prefer not to use commercially-prepared foods regularly due to quality concerns.

So sure is the company about the backlash against

additives that this year the Baby Organic range has already seen the launch of two additional varieties, Oat Cereal with Apples and Strawberries, and Baby Rice with Apples — with another 30 new products planned by the end of the year.

Mine's an adult one

The trend for adults to give children diluted or babyified versions of their own foods also extends to drinks.

Anti-sugar lobby group Action and Information on Sugars notes that more and more mothers are using adult fruit juices and squashes as alternative drinks for babies which, says Chris Lewis, product manager for Robinsons baby drinks, is not a good idea.

Often, mothers will give their second babies adult drinks watered down, because their first child is now older and mothers increasingly feel that buying a specialist baby drink is a waste. However, baby drinks are formulated to contain no artificial additives, preservatives, flavourings and sweeteners. To give something that has been especially formulated for children is a far more optimum solution," he says.

FSA data comparing babies' drinking habits in September/December '92 with the same period in 1993 backs up the notion that mums have a very poor level of awareness of the need to give babies

specialised drinks.

In 1992, 34 per cent of mums gave their +12 month olds cows milk, compared with 36 per cent in 1993. The statistics for fruit squash and fresh orange juice show equally poor understanding of a child's needs. In 1992, 29 per cent and 19 per cent (respectively) of mums gave these drinks to their +12 month olds compared with 33 per cent and 21 per cent in 1993. Fruit drinks usage in this age group remains constant at 6 per cent, as does Ovaltine at 2 per cent. Some consolation can be taken for the fact that Horlicks use is down by 1 per cent to 1 per cent.

One reason for mums' poor performance in this area is the effect of the recession. The market has been very sensitive to recessionary pressures. Baby drinks are seen very much as an optional extra, says FSA.

The market research specialists also suggest that when diluted adult drinks are available, and acceptable to baby, irrespective of their suitability then they do tend to be used.

The statistics back this trend, with total market value registering a 10 per cent decline over the past 12 months to £21.1m. According to Heinz, this can also be attributed to the poor summer, prevailing economic conditions — which have put mums off the "not inconsiderable expenditure

involved by juice, soft drinks and Robinsons with 15% from the granulated market — a brand accounting for 10 per cent of the market, says Robinsons manufacturer Colman's of Norwich. It can, of course, be argued that this has distorted the sector's real performance.

Volume figures are, however, better, given the movement of granulated purchasers into other sectors.

Colman's divides the market into three categories: concentrates (£10m), ready to serve (£7m) and granulated (£3m).

According to FSA data, in April '93/94, Cow & Gate is the market leader by value, with a 26.9 per cent share, followed by Robinsons (18.8 per cent), Boots own (18.8 per cent), Smithkline Beecham (16.1 per cent), Milupa (9.1 per cent) and Heinz (5.7 per cent).

Pharmacy is believed to hold a 15.6 per cent share of the sector, the market being dominated by Boots (32.5 per cent) and grocery (42.8 per cent), this latter sector poaching share from pharmacy and drugstores.

Mmm ... Milupa!

Underlining its commitment to the babyfoods sector, Milupa is introducing two additions to its Junior range.

New to the range for babies aged seven months and over are Chicken à la King and Cheesy Tomato Pasta. The former dish combines chicken, rice and vegetables, while the vegetarian option offers alphabet shaped pasta in an appetising cheese and tomato sauce.

To help independents with stocking, Milupa is reducing its babyfood outer boxes from 12 to six.

The first variety to be repackaged is the recently-launched Natural Choice range, comprising Pure Baby Rice (for babies aged three months), Wheaty Breakfast Cereal, Country Harvest Breakfast and Honeyed Semolina Pudding for babies aged four months and over. The 150g packs RSP £1.63.

Finally, later this year, a no added sugar Camomile drink will be added to the company's



herbal drink range, along with new packaging on the Aptamil and Milumil infant formulae.

All ranges will be promoted to consumers via a new press advertising campaign and sampling. Special merchandisers with trial £0.29 consumer samples are available. Milupa. Tel: 081 573 9966.



Kiddiwinks on show

One month on from the public debut of its Kiddiwinks range, Lewis Woolf Grintight reports much interest in the launch.

The range, which appeared for the first time at this year's Chemex, has been very well received, says the company, especially unique products including silicone head feeding spoon, RSP £1.95, two-handled trainer cup, RSP £1.50, 300ml animal-shaped gripper bottle, RSP

£2.95, 15 sterilised teat units, £6.75 or £9.49 each, juice beaker, RSP £1.35, and a variable flow cup, RSP £1.95. Soft decorated soothers RSP at £1.95 and safety soothers with flexible ring at £1.35.

A £250,000 consumer advertising campaign, 'Thinking bout you baby', plus trade adverts are also running. Lewis Woolf Grintight Ltd. Tel: 0386 553386.



Jackel keeps in character with the market

Underlining the increasing trend in the baby care market to concentrate on designer names to sell goods, Jackel is launching a range of character merchandise.

Heading up the range is Winnie the Pooh, who will be followed by Postman Pat and the Lion King. The latter two characters are available in fun tumblers, £2.95; melamine plate and bowl, £2.99 and £2.49; acrylic tumbler, £1.49; three-piece cutlery set, £4.25; cup, £2.25; and Postman Pat-only trainer cup with spout lid, £2.99.

The Winnie the Pooh baby range comprises: bottle, £2.29; soft teat soother, £2.29 for two; decorated cutlery set, £2.29; two-handled cup, £2.99; medium bib set (of two), £1.99; decorated bowl, £2.99; and tumbler, £2.49.

● Coming to the independent sector in the spring, following a six-month plus trial in Boots, is Jackel's new Pür Natur range.

It is being heralded as the "next best thing to breastfeeding" and targets the increasing number of mums who combine bottle and breastfeeding. It is unique, says the company, because of the 'bellows' action and ridged feel of the silicone teats.

The action is said to closely resemble the movement of a mother's breast during feeding, while the one to three ridges on the shaft of the teat match the shape changes of the mother's nipple over time.

Teats, fitted with an anti-colic valve, are available in newborn, baby and toddler — standard, £1.79 for two; and wide neck, £1.99 for two.

The range includes: plain 250ml bottles, in narrow or wide neck, £1.99 and £2.99; and a 125ml wide neck, £2.55, with a special bottle dome to seal the teat and prevent spillage; disposable bottles with open-ended holders and gripping collars, £8.99 for a system, £3.99 for a trial kit and £2.45 for 40 disposable bottles; and a one-handed, easy to assemble breast pump kit, £17.99, with two sizes of receptor valve and a discreet carry bag with instruction leaflet.

The range comes in unisex lilac colouring, a move which heralds similar repackaging across the entire Pür range. Jackel Int'l. Tel: 091 250 1864.

While the swing away from pharmacy has not been massive, grocers are offering more and more choice on bigger and bigger fixtures, warns Mr Lewis.

And, while pharmacy is often a mother's first port of call, once she knows what she wants, she will go to the grocer. To recapture those repeat purchases, independents must go for prominent display with a good choice of brands — both those with a trusted baby care heritage and those with a large audience.

The bulk of market sales comes from parents of babies

aged +12 months (59 per cent) while babies aged one year and up account for 32 per cent of sales. Concentrates sell well to mums with babies aged +18 months, while RTS drinks are popular with babies aged one year and up. The most popular flavours with young children are standard apple, orange, etc, and it is only when children are older that they move onto the more off the wall flavours, such as mango.

FSA is in no doubt that baby drinks has suffered more than any other sector in the baby

products market, blaming new formulations for high initial interest but low repeat purchase.

Manufacturers, however, are optimistic that their continuing efforts to eliminate or minimise the sugar content of drinks will eventually be rewarded and Atiflupa, for one, will soon be marketing a no added sugar Camomile drink.

However, carefully formulated drinks and foods are useless if mothers do not appreciate and take advantage of their content.

Clearly, pharmacy has a education job to do.

Decline in disposable income

More than 95 per cent of mothers use disposable nappies, which form the largest sub sector of the baby care market. But independent pharmacy's share is still declining and pharmacists may need to rethink the way they sell these products



Have a tasty breakfast

The home-made factor has figured in Heinz's new five-strong range of baby breakfast products.

The portfolio aims to cater for the same 'premium quality at value for money prices' — a principle that Heinz says has been well received by mums buying the relaunched baby meals.

Featuring a tasty balance of cereals, dairy products and fruit, the five varieties are Apple and

Banana, Apple and Apricot, Creamed Porridge, Mixed Fruit Muesli and Tropical Fruit Cereal. All come in 128g jars and are suitable for babies aged 3-15 months. There are no artificial additives and iron has been combined with vitamin C to meet babies' needs, says the company.

To support all Heinz's ranges, a 12-month, £10 million campaign will run. H.J. Heinz & Co Tel: 081 848 2386



Disney bonanza

Cannon Babysafe is poised for resurgence with a brand relaunch that features new-look packaging and new products.

The first products became available in mid-September, with the rest scheduled for phasing in from now until mid-November.

Joining the recently-launched 300ml Jumbo feeding bottle is an extended Disney Fairytale range comprising feeding bottles and trainer cups featuring characters such as Bambi, Dumbo and the Aristocats. These will now be joined by Peter Pan, Cinderella and Snow White.

Each is packaged in midnight blue with the Fairytale logo.

The 8oz bottles come in double or triple packs and retail at £1.99 for the Disney Fairytale feeding bottle and £2.79 for the training cup.

Avent trainer cups also now sport the Disney theme. Snow White will grace the new range of Avent soft spout trainer cup, sealable trainer cup and the sealable juice cup with straw and sealable lid. An Avent Naturally counter dispenser is also available. Tel: Cannon Babysafe Tel: 0787 280191



Tots on the move

Mam aims to cash in on what it believes is increasing popularity of children's travel aids by launching a Travel Bowl.

Co-ordinating with the Twist 'n' Seal Drinking Cup and Microwave Steam Sterilizer, the new bowl retails at £2.99.

To aid merchandising, a new range floor display has been produced. Mam window stickers and carrier bags are also available. Mam UK Ltd Tel: 021 459 4304.



he volume of nappies sold through independent pharmacies,

compared with the grocery multiples has continued to fall over the past 12 months.

According to AAH Pharmaceuticals, the situation is likely to get even worse if pharmacists do not refocus their role in the nappy market.

Rather than trying to compete head-on over price, pharmacists should look to other ways of boosting sales, suggests AAH's retail development manager, Darren Kirton.

One of the first things pharmacists must do is use their display space both in the shop and more importantly, in their windows, to promote their full baby product range, he says.

Another useful step is to establish a friendly interest in potential customers by asking new mothers how the baby is or, if the customer is pregnant, how she is feeling.

This contact can be achieved simply and easily by asking chatty but polite questions about when the baby is due, what they have called the new baby and so on, says Mr Kirton. It does not have to be a hard sell, but it can help create customer loyalty and a willingness to come back to the pharmacy for further advice.

Leaving open packs of nappies on display allows mothers to handle the product, check the size and compare thickness and quality.

Pharmacies should also take advantage of promotions and pos material available from wholesalers and manufacturers. They could even consider running their own promotion such as a free baby lotion with three packs of own brand nappies.

Mr Kirton continues:

Because of the volume of disposables they sell, pharmacists cannot compete directly with the grocery multiples unless they are willing to make a loss on each.

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ide instead they should look to establish themselves as a local emergency supply centre for mums who need a short supply of nappies to tide them over a couple of days.

In line with this thinking, Vantage has reduced pack sizes and introduced easy carry home handles.

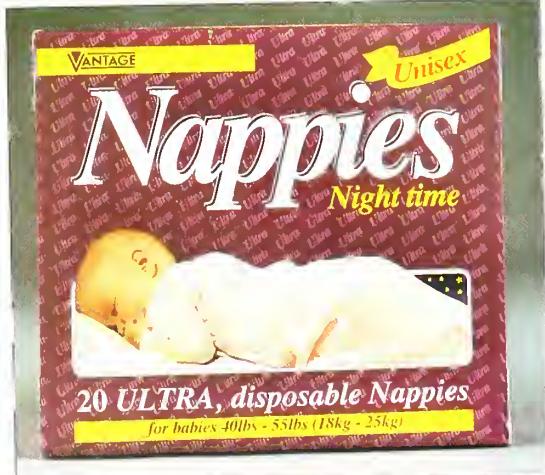
Independents should concentrate their energies on selling own brand nappies whenever possible, as well as a full range of baby products and accessories. This does not mean avoiding the brand leaders, as these help bring customers through the door. But, in general, pharmacies should try to establish themselves as a place where mothers can go for advice and help in choosing a whole range of baby items.

Pharmacists should look closely at their local community and the people they need to attract. They should also look at staff training so it becomes second nature to try to sell other baby products each time a new mother or mother-to-be comes into the pharmacy.

Price war

The continuing supply war between Pampers and Huggies has resulted in a drop in the price of branded nappies over the past 12 months.

"It was this falling price syndrome which eventually persuaded us to refocus the Vantage own-brand range," says Mr Kirton. "As a result, we have



pulled out of the price war, preferring to offer pharmacists porrs of about 26 per cent on our newly launched own brand nappies compared with a porr of about 3 per cent currently available from the brand leaders."

AH is also trying to persuade brand leading manufacturers to offer the same pricing deals to pharmacies as they do to the grocery multiples.

Vantage has pulled out of the newborn nappy market to concentrate on the 25-lb sector because the selling period for

newborns by comparison is so short.

Earlier this month the company launched a new unisex night time nappy which is supported by a consumer and in-pharmacy promotional campaign. More absorbent than ordinary daytime nappies, it is available as part of the Ultra range (20, £3.45) and offers a porr of 26.9 per cent including Vantage's retrospective 10 per cent discount.

Product

The disposable nappy market was worth an estimated £449 million in 1993 (source: Mintel). It declined slightly in value terms (about 1 per cent on 1992) because of aggressive discounting in multiples and increased competition among the key players (source: AGB).

But the market is massive in volume terms, with nearly three billion disposables used in Britain every year. Teries make up less than 5 per cent of the nappy market.

The grocery multiples are still way ahead of pharmacies and their share continues to increase. PSA figures for May/June 1993 put volume sales from grocery multiples at 43.6m nappies, Boots 17.3m and other pharmacies 9m.

By May/June this year, grocery multiples had risen to 48.2m sales while Boots had fallen to 16.9m and other pharmacies 8.1m.

The market has been driven by innovation as well as a

perception of their higher price.

Kimberly Clark says that Kleenex Huggies UltraThin nappies, launched earlier this year, have reached number two in the market next to Pampers thanks to heavyweight advertising, sampling and promotions.

Travel

- Procter & Gamble recently introduced Pampers Ultra Thin Stretch, a stretchy nappy which allows active babies to be mobile with fewer leaks. The nappy has an improved absorbent core and three new features: an elasticated waist, stretchy side panels which prevent gaps appearing as the baby moves around, and fasteners which stop the nappy swivelling at the sides and leaking.

In the bag

Being a fragrance expert sounds like a glamorous occupation

But one international fragrance company has developed a perfume resembling old nappy, known euphemistically as 'a UFO malodour' or 'a standard urine and faecal smell'. In this case the expert 'noses' had to judge how best to mask this odour.

The result was a deodorising ingredient for Nappy Sacks odour-neutralising disposal bags. And it is this neutralising fragrance which consumers regard as the product's most important benefit — mentioned by 82 per cent of women in a recent survey.

Nappy smells come as something of a shock to first time mothers and the highest usage of Nappy Sacks occurs in the first six months of a baby's life, when several nappies are used every day.

"That's when there's a lot of pressure on the nose," says product manager Jolanta Lasota.

Nappy Sacks were introduced to the UK in 1985 and now account for 98 per cent of a market which was worth £6.6 million in 1993, an increase of 3 per cent over the previous year.

Manufacturer Poly-Lima sold about 330 million bags last year, some of which were own label brands. This means that one was used for 11 per cent of all disposable nappy changes. The aim is for every nappy to be disposed of in a Nappy Sack, which leaves massive potential for growth, says Ms Lasota.

Mothers often start using Nappy Sacks for convenience when travelling to friends or going on holiday, hence peak sales times are Christmas and summer.

The target market is mothers with children up to the age of two. Another key sector is

Like the Kumpers Ultra range, the stretch nappies are almost 30 per cent thinner than other Pampers. They are available in four different designs. The launch is being supported by a £550 promotional spend.

- A new press and television campaign for Huggies, set to break at the end of the month, highlights further improvements made to the nappy with an enhanced stay dry system.

The latest introduction is a travel pack (£0.99) holding four nappies — enough for one day's supply — which is being marketed as an easy method to introduce new parents to the brand.

- Peaudouce has improved its Up & Go training pants with a new absorbent core and special leg cuffs. The company claims that, in tests, the new product



pregnant women, as research showed that half the mothers who bought Nappy Sacks did so before the baby was born.

Multiple grocers still account for most of the sales (39 per cent by value), followed closely by multiple pharmacies and drugstores (38 per cent). Independent pharmacies account for only 9 per cent, but Ms Lasota believes this sector is important for introducing new mothers to the market, as the local independent is often their first port of call.

She gives the following tips:

- recommend Nappy Sacks to women buying other baby products, particularly nappies
- suggest travelling or going on holiday as occasions to trigger the first purchase
- site Nappy Sacks in the disposables fixture next to your top-selling brand of nappies, also try putting them near other baby accessories to encourage trial
- stock both sizes, as smaller packs are for first-time purchasers and travel, while larger packs are for loyal users
- attract new mothers and pregnant women with a window display theme of 'baby changing time', which could also include

four out performed in training pool competitors, with offering major discounts with disposable nappies.

The improvements take advantage of the latest Japanese technology and reflect Peaudouce's recent agreements with to become the Japanese market leader.

- The Boott fitted reusable nappy is said to offer the convenience of disposables without the cost or environmental problems. It comes in three sizes and can be used up to 100 times.

The soft waterproof nylon outer means no plastic pants are needed, while the elasticated waist and legs and Velcro side tabs ensure a snug fit. Inside is a cotton and lightly absorbent multi-layered pad. It is fully machine washable and dryable.

disposables, wipes, cotton wool, baby lotion and powder.

- give new mothers and pregnant women as much information and support as possible. They will return to your store if you are helpful.

Promotion

A consumer promotion starts exclusively through independent pharmacies this month. A free money changing bin (pictured above) is offered in return for on-pack tokens.

The plastic, washable, foldaway bin can be lined with Nappy Sacks, leaving mother's hands free for changing baby.

The need to collect tokens means that consumers must return to the independent for repeat purchases. The flashed promotional packs are available through distributor Robinson Healthcare.

Pos material includes a new shelf display carton and shelf talker. Further support will come from advertising and sampling in the women's and parenting press. A free trial pack of five is included in Bounty packs. Some 100,000 first-time mothers will also receive a '10p off next purchase' coupon.

demand for convenience. Over the last decade, consumers have been bombarded by constant product 'improvements' — elastic legs, refastenable tapes, boy/girl variants, hold-in barriers, the compacting of nappies to a third of their original size and other moves to make nappies as thin as can be compatible with good absorbency.

Training pants — which help with the transition from nappies to underwear — are catching on in a big way, despite early

leaning up in babycare

by wipes is the fastest growing segment in the babycare market, showing 9 per cent volume growth, year on year (PSA). Scott, maker of Baby Fresh, estimates that 2.3 million nappy wipes, worth over £53 million, were bought in 1993.

About 87 per cent of mothers change babies aged up to two years with wipes — over two fifths of mums at least once a week. Thick wipes in flat packs accounted for 73 per cent of nappy sales last year and these

have grown at the expense of standard and lotion pop-ups, says Scott.

The current trend is toward refill packs, which account for almost two fifths of the market.

Nearly half of all wipes (49 per cent) are sold through pharmacies, according to PSA data for the six months to February.

Fiona George, brand manager for Baby Fresh, suggests they should occupy up to 35 per cent of a baby fixture and be stocked nationally after an Aberdeen test



The disappearing nappy

The completely biodegradable nappy has arrived.

Ecoprogress of Cambridge has developed a nappy which uses a water soluble film instead of the plastic linings which make disposable nappies waterproof.

The new film prevents the passage of water from one direction only. Once exposed to moisture on both sides — as when flushed down the toilet — it rapidly disintegrates. This means it must not be handled with wet hands or put the wrong way down on a wet surface.

The nappies, called lamonies, are about to be launched after a test market in which the overwhelming majority of users were interested in the biodegradable and compostable nature of the product. They will be available in three sizes.

Initially, the product will be sold to consumers only by direct mail and door-to-door distribution. But while this clearly excludes large retail organisations, it may not necessarily exclude individual pharmacists, says technical director Malcolm Brown.

The decision will be on an individual basis, and where the outlet falls into a territory of one of our distributor partners the nappies will be purchased through them.

Although the major players in the disposables market have not yet come up with a totally biodegradable product, they are still investigating ways of making their nappies more environmentally friendly.

With Pampers, the wood pulp

biodegrades while the polypropylene top sheet and the polyethylene back sheet remain. Both plastics are thin films which can be disposed of by incineration or landfill without releasing toxic gases. Disposable nappies account for less than 1 per cent of all the solid waste going into landfill sites but biodegradation may take many years to occur.

Procter & Gamble thinks the most appropriate method of recycling nappies is by biological treatment, such as composting. In this process the natural decay of organic waste, such as vegetable scraps, is accelerated to produce a useful soil-conditioning product or compost.

Tests in several European countries have shown that high-quality compost can be produced in properly equipped commercial facilities from organic waste which includes nappies — although the company stresses that this should not be tried on the home compost heap!

About 90 per cent by weight of soiled Pampers can be converted into compost and the plastic parts could be removed by screening at various stages.

Meanwhile, nappy production concentrates on using fewer resources and making thinner products which need less disposal and transport.

- A new model has been added to the Sangemic nappy disposal system in which soiled nappies are individually sealed in a lightly fragranced film. The Sangemic Baby (£14.99) is

more hygienic as it is

Scott is backing its Baby Fresh with an extensive advertising, public relations and sampling campaign this year. The latest in the range is Newborn Gentle.

• Procter & Gamble is launching Pampers baby wipes nationally after an Aberdeen test

They are available in a tub with a hinged lid (£3.29), which can be filled from a pouch (£2.85). A travel pack (£1.29) similar to the refill pouch, can be rescaled to keep the wipes moist.

• Smith & Nephew recently launched a new range under the Tender Touch brand (left)

comprising large cotton wool balls, large covered pads, a 200g pleat and a 300g roll.

Tender Touch will be supported by public relations, including trial building activity in magazines. A leaflet on baby changing and hygiene will be distributed through pharmacies, as well as maternity hospitals, midwives and women's magazines.

smaller than the original version and is intended for mums on the move. Each system is supplied with a replacement cassette of film which will wrap up to 180 nappies (£2.69).

Rash attack

The nappy rash products market has increased by nearly 10 per cent year on year, from £11.5 million to £15.3m (DSV, for June 1994). In inflation terms, the increase was 37 per cent (£3.9 million to £6.7m packed).

According to Pharmex, Sudocrem has increased its market leadership to 37.6 per cent in value and 31 per cent in volume.

Consumer demand for baby lotions is also increasing, with the market growing by 11 per cent to reach £8.2m in May/June 94. Sudocrem baby lotion's share increased to 1 per cent.

For maternal care, sales of nappy rash products have increased by 10 per cent year on year, from £1.5 million to £1.6m (DSV, for June 1994). In inflation terms, the increase was 37 per cent (£1.5 million to £2.1m packed).

The lotion is marketed in a smaller and larger pack and complemented by public relations activity. The smaller pack is available to pharmacists, clinical chemists, look at the site with young children and develop at the first three months of life.



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The Sudocrem range consists of 60g, 125g, 250g and 400g so there's a size for everyone. And that's not all. For a clean profit try Sudocrem baby lotion with your cream. It's a hypo-allergenic lotion for cleansing and moisturising at nappy change.

We're really laying on the promotional support, including extensive consumer sampling, national consumer advertising and widespread promotion to Health Professionals. So if its pounds you're after, place your order for extra cream today!

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zinc oxide, lanolin (hypo-allergenic), benzyl benzoate, benzyl alcohol, benzyl cinnamate.

*Based on 1993 Antiseptic Healing Cream Product information. Presentation: A white emulsified cream containing as active ingredients Zinc Oxide Ph Eur 15.25%, Lanolin (Hypo-allergenic) 4%, Benzyl Benzoate BP 1.01%, Benzyl Alcohol BP 0.39%, Benzyl Cinnamate 0.15%. Uses: In the treatment of napkin rash, bedsores, minor burns, eczema, acne, chilblains, surface wounds and insect bites. Dosage and administration: To be applied in a thin layer over the affected area with suitable covering, where necessary. Renew application as required. Contra-indications: None known. Warnings: Keep out of the eyes. Legal Category: GSL. Retail price ex. VAT: 60g £1.10, 125g £1.83, 250g £3.27, 400g £4.77. Further information: Nil. Product Licence Holder and Number: Tosara Products Ltd. 3430/0001. Sudocrem and Tosara are registered trade marks. Revised April 1994. Pharmax Healthcare, Bourne Road, Bexley, Kent, DA5 1NX

